

Teacher's Optimal Relationship Approach (TORA) Impact Report 2026





We are pleased to present the Teacher's Optimal Research Approach (TORA) Project Outcomes Report, summarising the achievements, learnings, and impact of our work this year. TORA is an evidence-based universal approach to mental health and wellbeing in education settings developed by Dr Kate Renshaw during her PhD studies¹. This project continues to demonstrate the vital role that Play Therapy can play in supporting children who have experienced adversity, and the importance of equipping caregivers, teachers, and community practitioners with the relational tools they need to help children heal.

This year brought both highlights and challenges. A key achievement was our ability to deliver consistent, high-quality outcomes at St Martin's School, with strong engagement from families and teachers. The feedback from participants – particularly caregivers who reported strengthened relationships with their children and improved confidence in responding to emotional needs – reinforces that this work is both timely and deeply needed.

At the same time, we faced several systemic challenges within the NSW education environment. Unlike in Victoria, NSW schools have been slower to adopt therapeutic and relational models, due to competing priorities, stretched wellbeing resources, and the operational pressures on school leadership. This created a more complex implementation landscape, affecting both access and the speed at which schools could fully engage with TORA approach.

Despite this, the project continued to build momentum. Staff reported increased understanding of trauma-responsive practice, improved classroom dynamics, and greater confidence in supporting children's emotional regulation. These stories continue to motivate us and highlight the potential for broader systemic change when partnership conditions are right.

We remain committed to advocating for environments where children's emotional wellbeing is prioritised. We are grateful to our funders for believing in this work and enabling us to continue building the evidence base for child-centered therapeutic support across Australia and shield against future adversity.

– Tania Taylor, Be Centre CEO

Source: ¹ [TORA | Play&Filial Therapy](#)

About Be Centre

Be Centre is Australia's leading play therapy organisation, committed to transforming the lives of children aged 3–12 and their families.

The organisation empowers children to process and recover from trauma through the natural language of play, while providing parents and carers with counselling that strengthens family bonds. Its mission is early intervention – breaking cycles of harm and helping children overcome emotional, behavioural, psychological, and social challenges so they can grow into resilient adolescents with bright futures.

Be Centre's highly trained therapists use evidence-based play and creative therapies as age-appropriate alternatives to traditional cognitive interventions and medication, which may not always be appropriate. Through this approach, children make sense of past experiences, build self-awareness, and learn to self-regulate, while parents gain tools for positive interactions that improve family dynamics. Be Centre advocates for play therapy as a powerful, proven pathway to healing and hope.

Our mission

To be the leading provider of play therapy and help children heal through rewiring physical and emotional patterns created by trauma.

Our vision

To create a safer, more resilient society through ensuring the future of all children.



Rising rates of Adverse Childhood Experiences

Adverse Childhood Experiences (ACE) are challenging and traumatising events or situations that children may face during their upbringing. ACEs include abuse, neglect, parental addiction, parental separation, domestic violence, natural disasters etc. Experiences can result in long-term impacts on physical and mental health. For children or young people who have experienced trauma, school can be a difficult place as they try to cope in an environment that imposes expectations on them.¹ Teachers play a crucial role in supporting students to engage in their learning and school environment.

Working with partners to address the issue

In partnership with Perpetual (funder) and Dr Kate Renshaw (founder of TORA), Be Centre delivered the Teacher's Optimal Relationship Approach (TORA) within St Martin's Catholic Primary School in Davidson - a first in New South Wales.

TORA is a holistic approach to student wellbeing, teacher-student relationships and classroom environment. TORA addresses the emotional needs of children at school and fosters healing at the heart of education.

Be Centre's specially trained play therapist, worked in residence two days per week at St Martin's delivering TORA, supporting teachers, and students between term 4, 2024 and terms 1–2 in 2025.

48%

of primary school children are waiting 4+ weeks to see a school counsellor due to counsellor to student ratios

1:5

Australian children have experienced 3 or more combined ACEs.²

About this report

This report captures the impact generated by Be Centre implementing TORA approach at St Martin's primary school.

Findings and insights were developed from:

- Reviewing and analysing TORA documents and data
- Meetings with Be Centre staff and input from Dr Kate Renshaw

Approach to this report:

- Survey and feedback data was collected from teachers, students and parents during program delivery. This report draws on that information. No further interviews were undertaken for developing this report.

How TORA works

The Teacher's Optimal Relationship Approach (TORA) is a whole of school approach. It was developed in line with the Schools Mental Health Menu in Victoria, based on recommendations from the Royal Commission into Victoria's Mental Health System. It supports teachers and students to build strong, healthy relationships. Created by Dr Kate Renshaw, TORA uses proven methods and trauma-aware practices. It gives teachers practical tools and offers children therapeutic support, creating classrooms where students feel safe and ready to learn.

Funding from Perpetual Trustees supported Be Centre to offer TORA training alongside a multi-tier approach designed to strengthen the bond between teachers and students. Elements included:

1. Group Play Therapy

Small groups of children engage in play-based sessions that provide a safe, non-directive space to express emotions, process trauma, and navigate life challenges. These sessions foster resilience, emotional regulation, and social skills through shared experiences.

2. Individual Play Therapy

One-on-one sessions allow children to work through personal difficulties at their own pace in a secure, supportive environment. This tailored approach helps them build self-confidence, develop coping strategies, and make sense of past experiences.

3. Teacher Training & Observation

Educators receive specialised training in therapeutic principles to learn, practice and implement carefully chosen skills from play and filial therapy into everyday teaching. This equips teachers to respond to emotional challenges in real time and integrate supportive strategies into daily interactions, creating emotionally safe classrooms that enhance learning outcomes.

A proven solution

To date, TORA has been successfully trialled in four Victorian primary schools and as part of Dr Renshaw's PhD. TORA is aligned with the Victorian Early Years Learning Framework, Australian Curriculum guidelines and improved academic engagement, not as a curriculum add-on. Findings from Victoria indicate significant increases in children's prosocial behaviour and improvements in the closeness of teacher-student relationships along with a significant decrease in conflict and dependency.¹

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Practical and therapeutic skills are offered by TORA for teachers to embed into their teaching practice. They include congruence, joining, limits, structuring, attunement, tracking, empathy and UPR (unconditional positive regard). The associated outcomes include:

Improved student attendance rates

Reduced overall problem behaviour

Enhanced student and teacher happiness and engagement

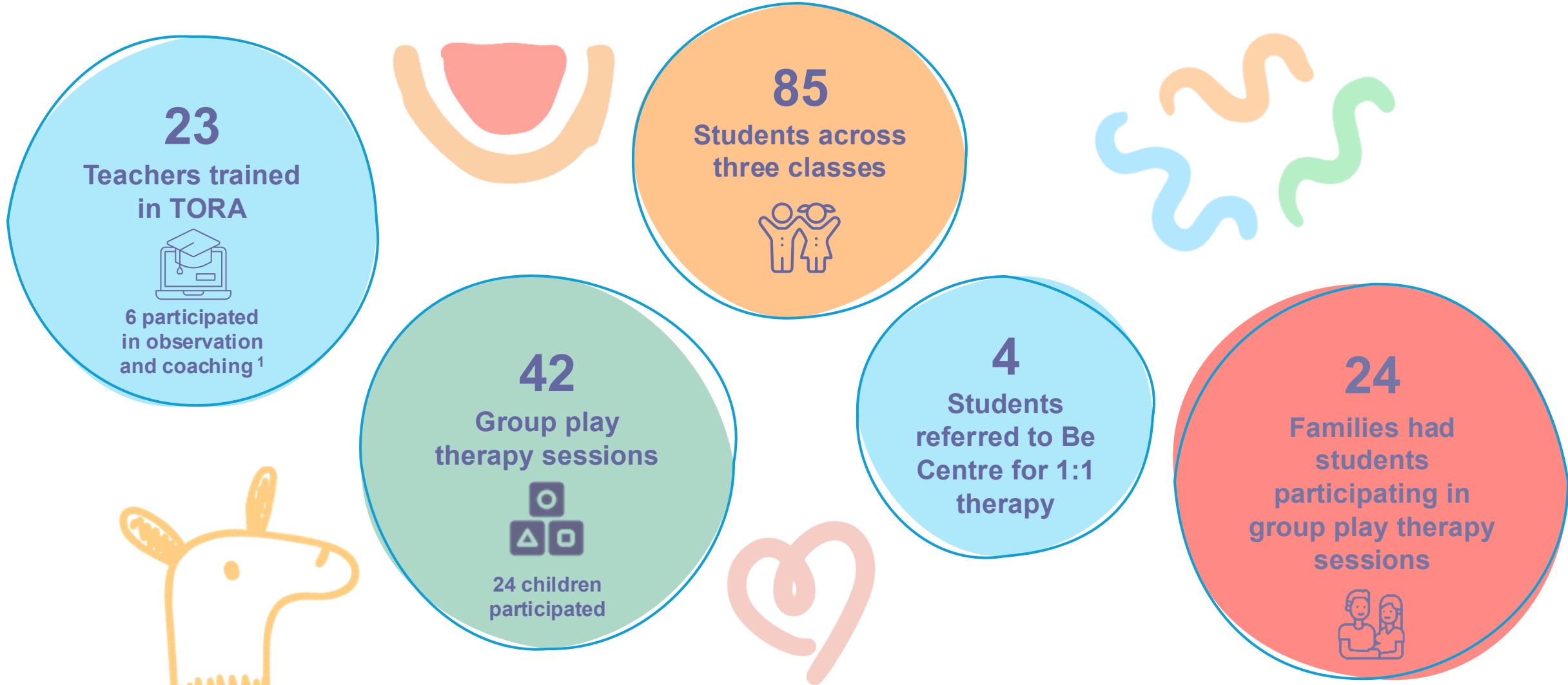
Improved academic performance

Increased pro-social behaviour

Source: ¹ *Playroom Therapy, The Teacher's Optimal Relationship Approach – a universal mental health and wellbeing approach, [website, n.d.], accessed December 2025*

Our key achievements

From Term 4, 2024 to the end of Term 2, 2025, a dedicated Be Centre play therapist worked closely with teachers and students at St Martins Primary School.



Note: ¹ Refers to the coaching and supervised practice – observation and feedback cycles that follow the professional development training of teachers. These cycles provide an opportunity for teaching and education support staff to build capacity and confidence and engage in reflexive practice with trained therapist.

Outcome for children/teachers

Children/teachers are better able to build positive relationships within safe environments.

Analysis from the student teacher relationship scale (STRS) findings indicate that **there is a positive shift in the overall teacher-student relationship quality** as assessed by teachers participating in TORA.

The average total STRS score post-TORA increased 0.3 points from pre-TORA score of 108.3 to 109.2 (out of 140). Higher scores mean less conflict and dependence, more closeness, and a stronger, healthier relationship between students and teachers. While small, the increase in score demonstrates a real impact of TORA for children. With further engagement in the approach and higher staff participation rates this score would continue to grow.

Importantly, '**closeness**' scores increased, with **56% of students' recording a higher closeness score** following TORA. On average students scores improved by 0.4 points, with the average shift being 0.35 points higher. Dependency scores also shifted in a positive direction, with **38% of students recording lower scores post TORA**. On average students scored 0.1 points lower from pre-measures.

There were increases in conflict scores (for 62% of students - up on average by 0.5 points) which is contrary to TORA's intent. This may reflect factors such as timing and disruptions in implementation, the age and developmental stage of students (Years 3–4). It could also be due to more accurate reporting (ie improved teacher awareness of emotional regulation/social challenges or teachers being better able to identify conflict following training).

Feedback from staff and students indicate TORA improved teacher-student relationships

"I have noticed I have become more aware of the skills like congruence and empathy and how they positively affect students." – Staff

"I have tried to use positive language when speaking to the students and allow the students to reach the answer/outcome themselves. Also, empowering students." – Staff

Table 1: Student teacher relationship scale (STRS) - scores pre / post TORA

N=34	Average Pre	Average Post	Average Difference
Closeness	39.0	39.4	+0.4
Conflict	22.8	23.3	+0.5
Dependency	9.3	9.2	-0.1

Table 2: Change in students total STRS scores post TORA

N=34	#	%
Scores increased	15	44%
Scores decreased	16	47%
Experienced no change	3	9%
Total	34	100%

Outcomes for children were analysed using the Goodman's Strengths and Difficulties Questionnaire (SDQ)



What is the SDQ?

- The Strengths and Difficulties Questionnaire (SDQ) is a short checklist used to understand a child's emotions, behaviour, and relationships. It's intended for children aged 2 to 18 and helps track changes over time, such as during play therapy.
- The SDQ looks at five areas: emotional difficulties, hyperactivity, conduct problems, peer relationships and pro-social behaviours. The first four combine into a Total Difficulties Score, showing how many challenges a child may have. These scores are grouped into four ranges.
- Most children score between 0 and 13 points (average). Scores of 14–16 mean some concerns, 17–19 show high concerns, and 20 or more show very high concerns. Because these ranges are small, even a small change in score can mean a big improvement for a child.

Average (80% of population)	Slightly raised (10% of population)	High (5% of population)	Very high (5% of population)
0–13	14–16	17–19	20–40



How was this data tracked for the TORA approach?

For classes, teachers assessed student's strengths and difficulties at the beginning, and at the conclusion of their play therapy TORA each term.

- For group play therapy, parents/carers assessed their child's strengths and difficulties at the beginning, and at the conclusion of their play therapy sessions.
- The assessment is a form with 25 questions (5 questions aligned with each of the dimensions; emotions, behaviour, hyperactivity, peer relationships, and helpfulness). These domains can be grouped into externalising (negative outward behaviour) and internalising scores (internal emotional distress) and are often used for reporting in non-clinical populations.



Outcomes for children/students

Classes

Children are better able to make sense of their experiences, express themselves, self-regulate and experience greater self-awareness.

Strengths and Difficulties Questionnaire (SDQ) surveys filled out in Class (pre and post TORA implementation) indicate that **students taught by teachers participating in TORA showed improved emotional and behavioural outcomes**.

Across both implementation periods, student scores shifted in the intended direction.

On average students' Total Difficulty score was reduced by 0.7 points while Pro Social scores improved by 0.5 points (see Appendix p.15).

Overall, **51% of students experienced improvements in Pro Social scores** ranging from 1–4 points up and 21% of students post TORA achieved the highest possible Pro Social score (10 out of 10).

Across the Total Difficulties, 55% of students saw reductions in their scores ranging from 1–16 points lower than before implementing TORA. This shows that students experienced less behavioural difficulties.

Overall, **51% of students experienced a decrease in their negative outward behaviour such as acting out** (down 0.8 points) and 42% experienced a decrease in their inwardly directed behaviour often associated with emotional distress (down 0.1 points). 100% of students reported average internalising scores pre and post TORA.

In period 1 (2024)

The majority of children (23 out of 47 students) had a decrease in their Total Difficulty score, whilst 11 experienced no change and 13 had an increase.

Just under half the children (19 of 47 students) had an increase in Pro Social scores, whilst 20 experienced no change and 8 saw decreases in their score.

In period 2 (2025)

Most children (28 out of 46 students) had a decrease in their Total Difficulty score, whilst 6 had no change and 12 had an increase in their score.

Just under half the children (27 of 46 students) had an increase in Pro Social scores, whilst 11 had no change and 8 saw decreases in their score.

Outcomes for children/students

Group Play Therapy (GPT)

Children are better able to make sense of their experiences, express themselves, self-regulate and experience greater self-awareness.

Group Play Therapy made a clear difference. 42 sessions were run across the implementation period. Across 24 students, attendance ranged from 2 to 14 sessions – and the results were positive. **Every student surveyed said they felt happy during playtime, and 83% felt safe, comfortable, and heard.**

According to parents, children/student behavior improved too. **Most (66%) reduced externalising behaviors** like aggression. Over **half the parents (55%) reported their child's progress with reductions in internalising behaviors** such as anxiety.

100% of students maintained average pro-social scores pre and post TORA. One student improved dramatically, moving from the top 5% difficulty band into the average range. (see Appendix p.16). This shift represents a significant reduction in challenges for that child and highlights the meaningful impact of the program.

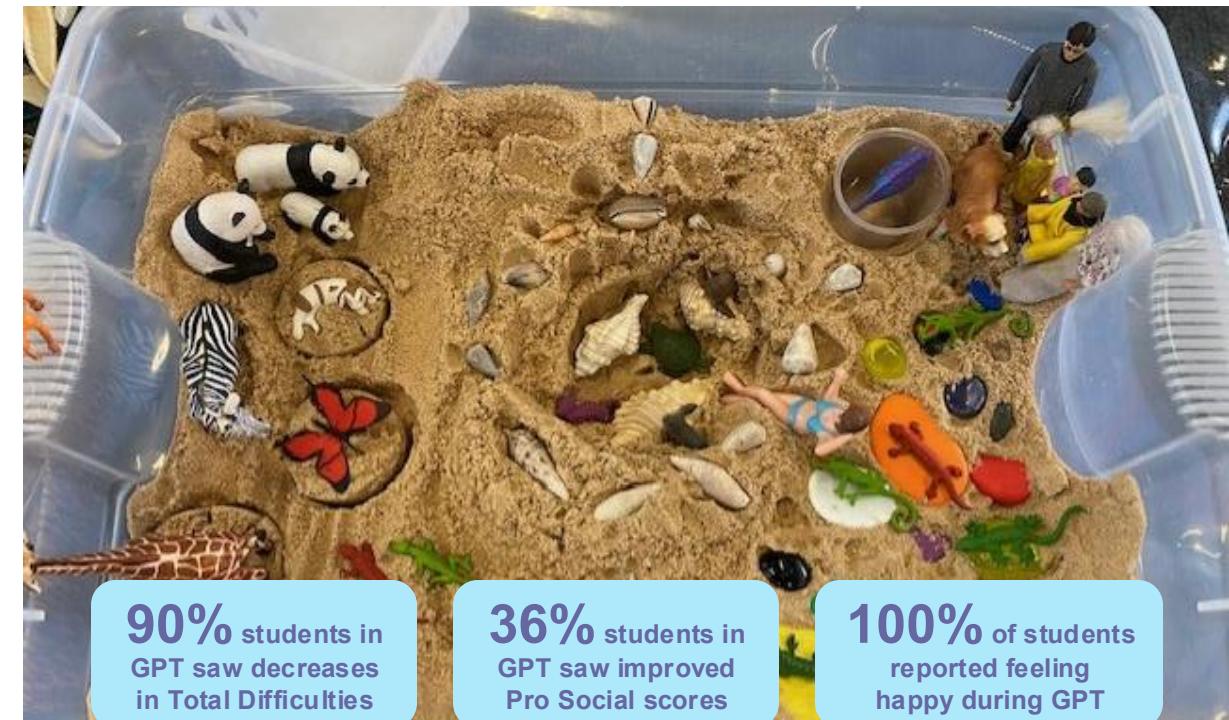
Table 3: Parent-reported Strengths and Difficulties Questionnaire (SDQ)

N=9	Average Pre	Average Post	Average Difference
Total difficulties (/40)	9.8	7.2	-2.6
Externalising	5.2	4.0	-1.2
Internalising	4.6	3.2	-1.3
Pro-social (/10)	8.3	8.7	0.3

“I learnt about my friends” – Student

“Getting my stress away” – Student

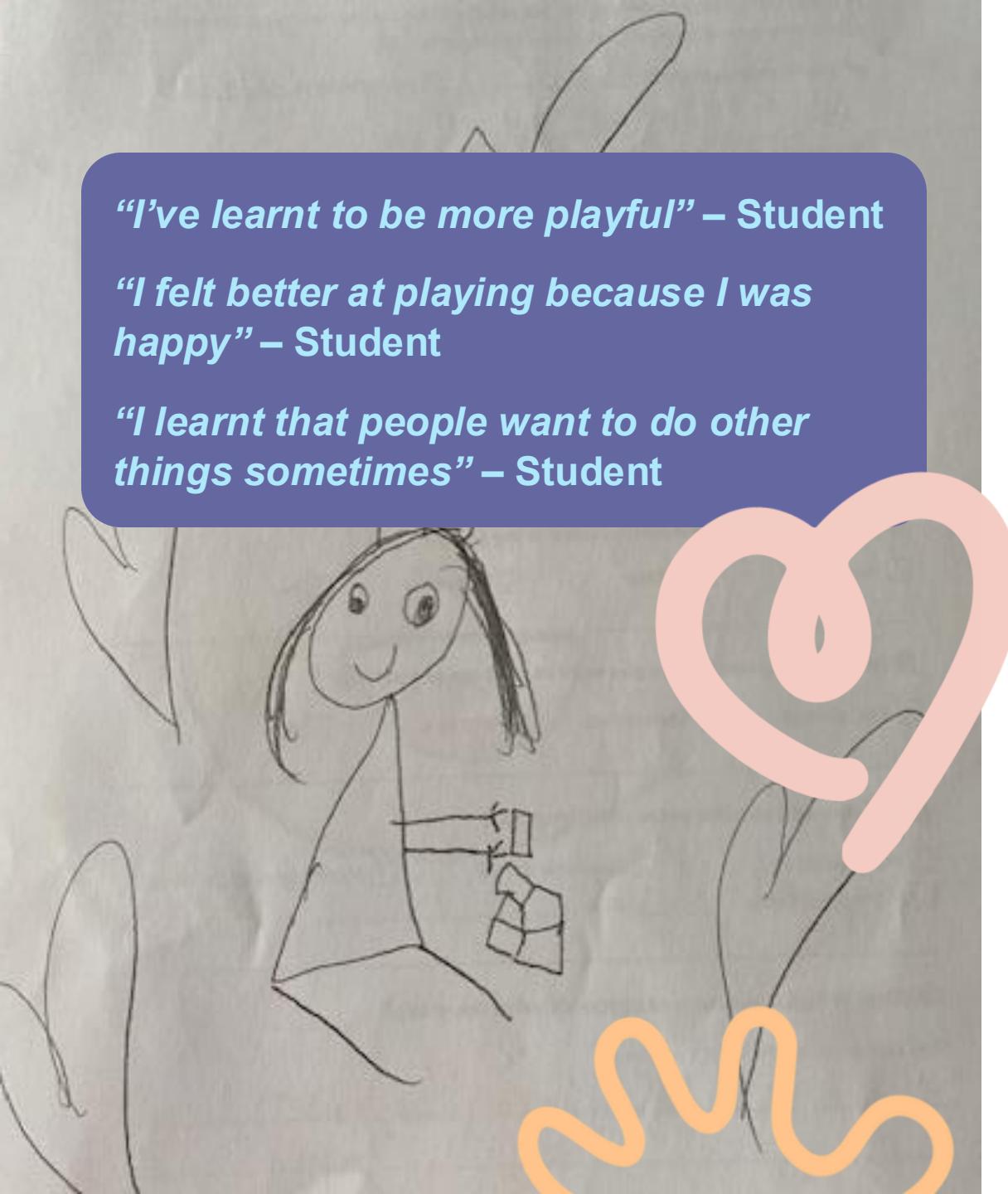
“I have noticed increased confidence and improved peer interactions in the students as a result of attending Group Play Therapy” – Teacher



“I’ve learnt to be more playful” – Student

“I felt better at playing because I was happy” – Student

“I learnt that people want to do other things sometimes” – Student



Outcomes for children/students Group Play Therapy (GPT) cont.

Students who participated in GPT in addition to their classroom engagement increased their pro-social score improvements, up by 0.5 points compared to students responded only GPT surveys.

These improvements are an important factor within the research because they demonstrate changes towards more social behaviour (increased closeness and likelihood of sharing).

The takeaway is simple: **the more students engage in the approach, the greater the transformation.**

Table 4: Teacher-reported Strengths and Difficulties Questionnaire (SDQ) score pre / post GPT

N=11	Average Pre	Average Post	Average Difference
Total difficulties (/40)	14.9	11.7	-3.2
Pro-social (/10)	6.9	7.4	0.5

Table 5: Teacher-reported SDQ for subset of students also responding to class surveys

N=5	Average Pre	Average Post	Average Difference
Total difficulties (/40)	12.2	10.4	-1.8
Pro-social (/10)	6.6	7.6	1

Notes:

- The data in the second table uses student survey responses over the longest time – taking their first answers in November 2024 and comparing to their last set of answers in July 2025.

There are three clear categories of lessons from implementing TORA at St Martins

1

Communication & Stakeholder Engagement

- Securing schools willing to participate in TORA proved challenging despite the initiative being fully funded. Over 15 schools were approached, but only two agreed. Increasing demands on schools and limited staff capacity significantly impacted engagement and raise questions about schools' capacity to undertake mandatory professional development training annually.
- There were challenges getting buy in from the Principal due to competing priorities and staff changes at the school.
- Clear, early communication of expectations including training requirements and assessment commitments (for example the need for participating teachers to complete pre-and-post surveys) would help prevent confusion and perceived duplication.
- Ensure the designated school contact is not only identified but actively responsive to manage communication, scheduling, and escalation. Clear roles and channels must be confirmed before kickoff.
- Regular check-ins with school leadership and staff can address competing priorities and reinforce value.

2

Planning & Continuity

- Of the two schools secured to participate in TORA, one could not implement due to a lack of appropriately trained candidates (Play Therapist trained in Filial therapy) in the region.
- As a result of changes to key staff (the departure of St Martins school principal) initiation and rollout at the school was challenging. Implementation would have benefited from having a dedicated TORA champion within the school to maintain momentum, build support for the approach and accountability to complete the components (surveys, referrals of students into the group and individual play therapy sessions and logistical support).
- Establishing a formal handover process in the case of key personnel changes is critical to building the supportive and enabling environment internally in schools and avoid loss of TORA knowledge.

There are three clear categories of lessons from implementing TORA at St Martins

3

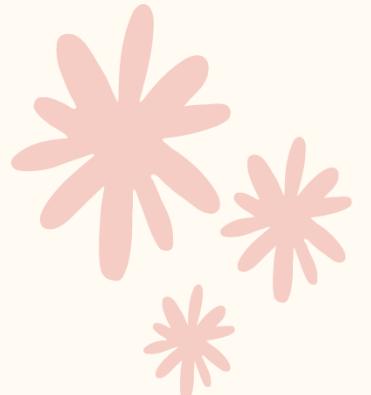
TORA Approach Delivery

- Consistent availability of Group Play Therapy (GPT) Group co-facilitators is essential: low staff resourcing for co-facilitation of Group Play Therapy often resulted in cancellations. Having additional staff trained and able to co-facilitate if other staff aren't available is an important part of building the capacity in delivery for GPT.
- There was no engagement from the school counsellor during planning or implementation of TORA, reducing its integration into the school care environment and resulting in the play therapist not being embedded or with staff being absent or redirected. If only co-facilitators were trained it would reduce the school's commitment and provide a 'taster' which may be more palatable.
- The availability of the right spaces is important: there was no confidential space available for 1:1 play therapy and it had to be moved to Be Centre through a referral process at the school. This was disruptive to all involved and reduced the efficacy of TORA overall.
- Integrating Group Play Therapy and 1:1 Play Therapy sessions into the school calendar early would improve predictability and reduce last-minute cancellations. Ensuring the start dates avoid peak periods of activity (e.g., Term 1 and 4) would support teacher planning cycles and engagement, improve student, parent engagement and session consistency.
- Allowing all teachers to receive TORA training without committing to observation and feedback cycles made implementation difficult; success depends on schools being ready, engaged, and communicating effectively (as per point 1 and 2).

Key takeaways for any future school-based delivery

- Sustaining school leadership support and developing continuity plans would smooth ongoing implementation.
- Prioritising proactive communication and expectation-setting with all stakeholders can help to ensure that delivery continues with minimal disruption (supports referrals and embeds data collection in school planning cycles).
- Explore even more adaptability into TORA delivery to respond to school dynamics and resource constraints. For example, delivery of group play therapy and TORA training to a subset of teachers is recommended.

Appendix



Analysis of Strengths and Difficulties Questionnaire data from classes

The tables below capture the shift in scores of students from whole class sets - in total five classes completed surveys pre-post TORA over the two time periods (2024 and 2025).

Table 6: Change in SDQ overall score pre / post TORA combined time period results

N=93*	Average Pre	Average Post	Average Difference
Total difficulties (/40)	9.8	9.0	-0.8
Pro-social (/10)	7.1	7.7	0.6

Table 9: Change in externalising / internalising scores combined time period results

N=93*	Average Pre	Average Post	Average Difference
Externalising behaviour	5.9	5.1	-0.8
Internalising behaviours	3.9	4.0	0.1

Table 7: Change in SDQ overall score pre / post TORA round 1 (2024)

N=47	Average Pre	Average Post	Average Difference
Total difficulties (/40)	10.2	9.4	-0.7
Pro-social (/10)	7.2	7.7	0.5

Table 10: Change externalising / internalising scores round 1 (2024)

N=47	Average Pre	Average Post	Average Difference
Externalising behaviour	5.9	5.0	-0.8
Internalising behaviours	4.1	4.3	0.2

Table 8: Change in SDQ overall score pre / post TORA round 2 (2025)

N=46	Average Pre	Average Post	Average Difference
Total difficulties (/40)	9.4	8.6	-0.8
Pro-social (/10)	6.9	7.6	0.7

Table 11: Externalising / internalizing scores round 2 (2025)

N=46	Average Pre	Average Post	Average Difference
Externalising behaviour	5.6	5.0	-0.7
Internalising behaviours	3.8	3.7	-0.1

Notes:

- The scores above are all surveys completed in each period.
- *In the combined response there was a small sample of students who responded twice to the surveys as they participated in TORA across the two time periods (2024 and 2025).
- Data indicates that students who had more exposure to TORA e.g., they participated in classes with TORA trained teachers in both time periods (2024 and 2025) had better outcomes.
- A subset of children participated in Group Play Therapy, their results are included above and isolated on pages 11 and 12.

Additional analysis of Strengths and Difficulties Questionnaire data

The tables below capture the shift in scores of students by band / severity of their scores over their engagement pre and post TORA.

Table 12: Number of children / students per scoring band per and post TORA implementation across externalising, internalising and total difficulties scores

Analysis of combined class survey data	Externalising scores		Internalising scores		Total difficulties	
	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)
N=93*						
Average - 80% of population (0-13)	85 (91%)	86 (92%)	93 (100%)	93 (100%)	72 (77%)	72 (77%)
Slightly raised – 10% of population (14-16)	6 (7%)	7 (8%)	0	0	7 (8%)	5 (5%)
High – 5% of population (17-19)	2 (2%)	0	0	0	5 (5%)	5 (5%)
Very high – 5% of population (20-40)	0	0	0	0	9 (10%) (average score of 24 points)	11 (12%) (average score of 23 points)

Table 13: Number of children/ students per scoring band per and post TORA implementation across externalising, internalising and total difficulties scores

Analysis of children who participated in both classes and GPT	Externalising scores		Internalising scores		Total difficulties	
	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)	Pre # (%)	Post # (%)
N=5						
Average - 80% of population (0-13)	5 (100%)	5 (100%)	5 (100%)	5 (100%)	4 (80%)	3 (60%)
Slightly raised – 10% of population (14-16)	0	0	0	0	0	1 (20%)
High – 5% of population (17-19)	0	0	0	0	0	1 (20%)
Very high – 5% of population (20-40)	0	0	0	0	1 (20%) (score was 21 – so lower end of this band)	0

Notes:

- *The analysis is from whole class sets – in total five classes completed surveys pre-post TORA over the two time periods (2024 and 2025); a total of 93 surveys were completed.
- The second table extracts the 5 students who completed SDQ surveys in both classes (2024) and then again at the end of group play therapy (2025). They present the longest experience of the multi-tiered approach implementing TORA and Play therapy at St Martins.

TOA implementation: Financials summary

Resourcing for TOA implementation is captured below.

Project Costs	
Wages (incl. super)	\$ 46,823.00
On costs	\$ 2,000.00
Supervision	\$ 1,870.00
Group Supervision	\$ 300.00
Training + costs	\$ 2,268.22
Equipment	\$ 1,500.00
Measure outcomes (analysis + reporting)	\$ 10,000.00
Update Theory of Change	\$ 10,000.00
Play Therapy resources	\$ 1,275.00
Teacher training resources	\$ 3,450.00
Intake Clinician	\$ 520.00
Clinical Management	\$ 5,250.00
	\$ 85,256.22

Source: Figures provided by Be Centre, December 2025



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