

Strengthening trauma responsive support – May 2021

Practitioners in human services have been discussing trauma informed care and practice for many years – recognising the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people and communities.

We understand that unresolved trauma impacts a person's capacity to respond flexibly to daily demands and life challenges, impairs physical and mental functioning, and leads to diverse and often puzzling symptoms. Trauma informed services are designed to avoid retraumatizing people seeking assistance. They consider trauma informed principles in all service interactions, including in the way services are offered, how they are accessed, and the nature of services deliveredⁱ.

The challenge

Better Chances Forum is calling on executives and boards in human service agencies, and decision-makers in commissioning agencies to consider how we are supporting trauma-responsive practice and how we can all contribute to strengthening this.

Despite many workplaces stating a commitment to trauma informed service delivery and even delivering training to their staff, professionals who work in the sector continue to tell us that they often struggle to deliver genuinely trauma informed care and support in their day-to-day work. Organisations are at different stages responding to this challenge.

So we asked members of the Better Chances Forum to tell us: *what do you need to be more responsive to trauma in your work?*

Ninety workers and managers from 33 organisations participated in four reflection workshops facilitated by Social Futures and We Al-li to explore:

- What do I need in my individual practice to be trauma responsive?
- What would I need from my organisation to support this?
- What would need to change in the service system?

What workers and managers told us – supported by evidence

Give us time

People who have experienced trauma may take more time than others to feel safe and engage with a support service. Building genuine relationships and trust to feel physically and emotionally safe takes time. While individual organisations can be supportive of creating more time to work with individuals and families, many do not have the financial or other capacity on their own to make this a reality. Long-term funding contracts are key to providing the continuity of service that allows for trust to be built. Program guidelines, KPIs and contracts need to allow more flexibility so we can offer responsive and accessible services that recognise individual need.

Focus on healing through positive relationships

Trauma affects brain development, but the brain can healⁱⁱ. In our work with people who have experienced trauma we need to create space for positive and enriching relational experiences in safe environments that integrate careⁱⁱⁱ. Positive experiences of relationships are central to trauma recovery^{iv}.

Provide universal training and support practice

Training in trauma informed care and practice should be universal but training alone is not enough. Professionals who had undertaken this workplace training told us that they needed ongoing assistance to apply it to their workplace. Training should be supported by regular ongoing supervision and opportunities for reflection on how they can recognise the signs of trauma and integrate responsive practice into their work. Supporting staff wellbeing fosters empathy and reduces likelihood of destabilising interactions and risk of vicarious trauma^v.



Strengthening trauma responsive support

Cultural fitness and understanding

Some cultural groups and communities, including Aboriginal and Torres Strait Islander people and communities, are particularly impacted by trauma. Trauma informed care and practice requires practitioners and their organisations to provide culturally appropriate and inclusive services^{vi} that recognise the value of community. This can be supported by providing access to cultural training and protocols that support culturally safe practice and engage staff from cultural groups and community to take on more choice and control in the design and delivery of services and support. Workers and young people want to learn about culture.

Sharing and acknowledging stories

Our own stories of trauma influence our work. Healing, understanding how our trauma influences our practice, and considering if and how we share our own stories – ensuring we do this purposefully and safely – are all important in trauma informed care and practice. Workers identified need for culturally safe spaces for stories ‘to come up and out’ – sharing safely where this supports healing and self-care. Through the sharing of stories and listening deeply to ourselves and others we can learn and support each other and reflect on how this impacts our practice.

Workers and managers highlighted the need for all of us to acknowledge and be honest about our history of trauma in Australia.

Connected, coordinated and collaborative services

Our service systems generally struggle to provide the cohesive support families and individuals need^{vii}. When referral and follow up pathways are deficient the resulting ‘*merry go round*’ of *unintegrated care risks re-traumatisation and compounding of unrecognised trauma*^{viii}(p 88). Workers and managers want to facilitate integrated care that brings together supports and services needed to assist individuals, families and communities with experience of trauma to enhance their physical, emotional, social and cultural wellbeing^{ix}. They identified this requires:

- collaboration and referral processes and relationships that are trauma informed
- recognising families, community and Elders as experts in their own lives and building partnerships with families and communities
- knowing who to go to when they need to connect a child, young person or family with community, including accessing family finding services
- building relationships and partnerships with community and other services, including increasing outreach in regional and remote communities
- structured interaction/networking between services and with community.

Support accountability

Establish/continue building organisational frameworks for our practice and be held accountable to them. We need to work together to build evidence of good practice to inform policy and guide change-makers.

Funded services consider how they deliver across the whole region they are funded to support – acknowledging that accessing service hubs in major towns is problematic for some individuals, families and communities with experience of trauma.

Value lived experience

Build our workforce to value lived experienced workers and cultural experts, including Aboriginal workers and Elders. Specific opportunities include:

- recruitment strategies that support diversity in the workforce
- appointing trauma informed champions
- increasing and supporting peer workers
- building understanding across the workforce of cultural load^x and understanding of the place, contribution and challenges of peer work^{xi}.

Strengthening trauma responsive support

Considerations for your organisation

Organisations are at different stages in their development and delivery of trauma informed care and support. The evidence shows trauma responsive practice supports the wellbeing of your workforce, improves the outcomes for your program participants, and leads to greater organisational sustainability.

We ask executives and boards in human service agencies, and decision-makers in commissioning agencies, to actively consider the following questions.

1. How are you and your organisation facilitating trauma responsive practice now?
2. Who might you ask for their perspective on this?
3. Are there ways you and your organisation might support more trauma responsive practice and contribute to a more trauma responsive service system?
4. Who can support you and your organisation to do this?

Next steps

We will be leading more reflective workshops in the NSW Northern Rivers region in 2021 on trauma informed care and practice for workers and managers in early intervention services.

Better Chances Forum is developing a shared practice framework, which will include a commitment to trauma informed care and practice. In 2021 we will also be hosting conversations/ workshop/s supporting relationship building and collaboration between early intervention services and with community.

If the information in this brief raises issues for you, please reach out for support. Contact a relevant support service (Lifeline 13 11 14) or others in your support network.

Contact Social Futures

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Strengthening trauma responsive support

Resources and links

- a. **Aboriginal and Torres Strait Islander Healing Foundation** 2015, *Healing Informed Organisations*, <https://healingfoundation.org.au/app/uploads/2017/02/Healing-Informed-Organisations-FINAL-SCREEN-INTERACTIVE.pdf> (accessed 19 February 2021).
- b. **Blue Knot Foundation** 2020, *Organisational Guidelines for Trauma informed Service Delivery (Updated 2020)* Authors: Kezelman C.A. Stavropoulos P.A.
- c. **Blue Knot Foundation**, *Fact sheet for managers: Trauma informed service delivery*, www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact_Sheet_Managers.pdf (accessed 12 February 2021).
- d. **Blue Knot Foundation**, *Fact Sheet: Having conversations about trauma – services*, www.blueknot.org.au/Portals/2/Fact%20Sheets%20Info/Fact_Sheet_conversations_about_trauma_services.pdf (accessed 18 February 2021).
- e. **Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C.** (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: **Australian Research Alliance for Children and Youth (ARACY)**.
- f. **Kezelman C, Stavropoulos P.** (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery Adults Surviving Child Abuse* 2012.
- g. **Mental Health Coordinating Council** 2018, *Trauma -Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Process Resource, Stage 1 – Planning and Audit*, Authors: Henderson, C (MHCC), Everett, M. Isobel S (Sydney LHD), <https://www.mhcc.org.au/resource/ticpot-stage-1-2-3/> (accessed 20 April 2021).
- h. **Social Futures** 2013, *Lived Experience Project Report*, https://socialfutures.org.au/wp-content/uploads/2015/11/LivedExperienceProject_prototype.pdf (accessed 2 March 2021).
- i. **Ward, T.** 2016, *Recovery takes place within a “relational home”*, <https://aifs.gov.au/cfca/2016/08/24/recovery-trauma-takes-place-within-relational-home> (accessed 18 February 2021).
- j. **We Al-li** 2019, *Culturally Informed Trauma Integrated Healing Approach framework*, <https://wealli.com.au/wp-content/uploads/Generic-We-Al-li-info-sheet-one-CITIHA-1.pdf> (accessed 12 February 2021).
- k. **Wellways** 2019, *Wellways Peer Workforce Framework*, https://media.wellways.org/inline-files/ww535_PeerWorkforceFramework.pdf (accessed 19 February 2021).

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References: see resources and links for full reference details.

- ⁱ Blue Knot Foundation, *ref b, c and d*. Mental Health Coordinating Council, *ref g*.
- ⁱⁱ Blue Knot foundation, *ref b and d*.
- ⁱⁱⁱ We Al-li, *ref j*.
- ^{iv} Ward, T., *ref i*.
- ^v Blue Knot foundation, *ref d*; We Al-li, *ref j*.
- ^{vi} We Al-li, *ref j*.
- ^{vii} ARACY *ref e*.
- ^{viii} Kezelman C. and Stavropoulos P. *ref f*,
- ^{ix} We Al-li, *ref j*.
- ^x Aboriginal and Torres Strait Islander Healing Foundation, *ref a*.
- ^{xi} Wellways, *ref k*; Social Futures, *ref h*.