

# Youth at risk of developing mental ill health project



Listening report 2:  
Position statement  
for trauma informed  
practice for children  
and young people

August 2023

Vision for mental health and wellbeing in the Australian Capital Territory: A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

This tree represents strength through collaboration. A community that builds on input from a diverse range of people, is grounded and grows together. Together, we'll improve the mental health and wellbeing of all Canberrans.

We acknowledge the Traditional Custodians on whose land we walk, work and live. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and region.

We acknowledge the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.

We are committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. We welcome all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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# 1. Introduction

The Youth at Risk of Developing Mental Ill Health project (the Youth at Risk project) was stood up in October 2022, as a part of the National Mental Health and Suicide Prevention Bilateral Agreement, to improve the ACT sector response to young people presenting with complex needs and trauma, with or at risk of developing moderate mental ill-health.

The Youth at Risk project has 2 key deliverables:

1. A territory-wide collaborative response for youth with complex trauma, through improving integration of services, streamlined transitions between services and enhancing the existing networks and partnerships across the existing ACT youth mental health service sector to support a collective-impact approach; and
2. A youth trauma service to fill identified gaps in the ACT service system to support young people aged 13 to 17 years with/or at risk of moderate mental ill health and complex needs.

The project was informed a previous 6-month scoping project which commenced on 1 June 2021. The scoping project completed the Discover Phase of the project and sought to understand the needs of young people with complex trauma and complex needs and assess the current therapeutic responses in the ACT. It included an environmental scan, evidence review and consultation. A broad-based consultation between October 2022 and February 2023 informed the Strategise phase of the project. As described in the listening report, it was identified that:

- Information sharing, collaboration and networking is not currently supported across the range of sectors (mental health, primary health, education, alcohol and other drug services, child protection and disability etc) in the ACT for young people with/or at risk of moderate mental ill health and complex needs.
- The current youth mental health service system would not support the establishment of a youth trauma service in isolation, as the interventions provided by the youth trauma service must work collaboratively across these services.
- A trauma-informed landscape and an authorising environment was required, for the sector to prioritise trauma informed practices for children and young people. While there is a desire to work in a trauma informed manner, many described policies and practices that could be better trauma-informed, client centred, and family orientated.

Using the extensive feedback from the consultation, an ACT Government Position Statement on Trauma Informed Practice for Children and Young People was drafted. The statement includes a definition of trauma informed practice, and a framework using principles on how to work collaboratively, with common language, vision and goals for young people, children, and families in the ACT. It offers an opportunity for all services that encounter children and young people in the ACT to invest in actions which are trauma informed, collaborative, child and young person-centred, and culturally safe. The creation of an authorising environment to build a trauma informed landscape, through developing a position statement for trauma informed practice for children and young people, was universally requested and supported as a first step for the project.

## 2. Consultation summary

A 3-month targeted consultation on the draft position statement commenced on 16th April 2023. Steps in the targeted consultation included:

- Conversations with community and government staff and service providers
- Conversations with young people and families with lived experiences, members from the Aboriginal and Torres Strait Islander community, members from various multicultural communities in Canberra, young carers and members of a Carers Collective.

All participants were asked to provide feedback on the draft position statement either in real time consultation, via email or on an on-line feedback form. There were 5 short questions were routinely asked:

1. Are there benefits about this position statement for the community and/or your organisation?
2. Are there concerns about this position statement for the community and/or your organisation?
3. It is unusual to have recommendations in a position statement, however we have recommendations in this position statement. Does it make sense to have recommendations in the position statement?
4. Are the recommendations reasonable?
5. Other comments for us.

A significant amount of feedback was received from the conversations and the feedback form. Feedback that was more specific to other project deliverables such as the development of the trauma service and the Try Test and Learn activities (including for the Service pilot and the Trauma Informed Practice Training) has been collated to inform that work. This report is specific to the position statement.

### 2.1 Trauma informed consultation

The previous consultation had heard a strong desire for the consultations to be trauma informed, and the project team to role-model trauma informed practice. This was important both from consultations with young people with lived experience and their families, and from consultations with service providers and peak bodies.

The previous listening report and the consultation and engagement plan emphasised that all engagement by the project would be trauma informed, child and youth friendly and safe. This recognises that young people are the experts in their own lives; have valuable insights into what they need to thrive; and that their voices should be heard and embedded into decisions and processes that impact them. It also acknowledges the vulnerability and experiences of complex intergenerational trauma, systemic challenges, and the risk of further trauma for these young people.

The project team regularly checked in with participants to ensure their well-being during the consultation sessions and provided debriefing and support after the consultations as required.

## 2.2. Who we engaged

- We engaged approximately 370 individuals.
- We also engaged 53 separate organisations, agencies, services including but not limited to the following stakeholders.
  - **All ACT Government directorates:** ACT Education Directorate, Canberra Health Service, Community Services Directorate (including CSD Strategic Policy Child and Family Reform team and the Next Steps strategy team to ensure alignment with existing strategic directions), ACT Health Directorate, Chief Minister, Treasury and Economic Development Directorate, Environment, Planning and Sustainable Development Directorate; Justice and Community Safety Directorate; and Major Projects Canberra, Transport Canberra and City Services Directorate.
  - **Relevant public sector bodies:** Human Rights Commission, Legal Aid Commission, ACT Policing.
  - **Relevant ACT Government services:** Enhanced Child Health Services, Melaleuca Place, Therapeutic Assessment and Support team, Adolescent Mobile Outreach Service (AMOS) Community Team leaders - Child and Adolescent Mental Health Services, Hospital Liaison Team.
  - **Relevant non-government organisations (NGOs):** Capital Health Network, CatholicCare, Carers ACT, Relationships Australia Canberra and Region, St Vincent de Paul Society Canberra Goulburn, Australian Childhood Foundation, Barnardos Australia, YWCA Canberra, Uniting Care Kippax, Anglicare, Canberra PCYC, Woden Community Services.
  - **Relevant peak bodies:** Meridian, Mental Health Community Coalition of the ACT, Youth Coalition of the ACT and Families ACT.
  - **Relevant councils and groups:** Mental Health Advisory Council, Multicultural Advisory Council, Children and Young People Mental Health Services Alliance.
  - **Relevant Aboriginal and Torres Strait Islander community groups** were consulted including Yerrabi Yurwang and Gugan Gulwan. The consultation is culturally informed, and taking a gradual approach.
  - **Consumer and youth representatives** via the Youth Reference Group coordinated by Office for Mental Health and Wellbeing, young carers and Carer Collective coordinated by Carers ACT.
  - **Tertiary Education sector:** Australian National University, University of Canberra and Australian Catholic University.
  - ACT Health also consulted the Prevention, Mental Health and Wellbeing Inter-Directorate Committee and various government-led committees.

### 3. What we heard: overview

The consultation found that consumers (young people and their families), managers and leaders, and clinicians believe the position statement will assist in different ways:

- Consumers believe that the services will be more willing to take time to build trust; to help them to find and access multiple supports without “closing the file” while they are waiting for another service to join their care team; providing more flexible services with more flexible eligibility criteria; reduced waiting lists; after hours support; families/parents/carers being more involved, supported and included in care planning for their young people.

“Trauma Informed Care? This should just be the bare minimum. But it’s just not across all the services we go to.”

– Young person

- **Clinicians/workers** want their services to be trauma informed in terms of increased awareness of staff wellbeing; addressing and updating workplace policies that are not currently trauma informed; provide increased and ongoing access to trauma informed care training; and supporting different ways of working which are not often captured in workplace statistics.

“Walking alongside (your client) requires time, especially to build a trusting relationship with young people who have every good reason to not to trust us.”

– School youth health nurse

- **Managers and leaders** require clarification of the concept and actions of trauma informed care; many highlight that leadership at all levels need to be trauma informed across the system “from the top down”; managers and leaders are seeking relevant and accessible training for themselves; being prompted to review their services’ policies and procedures to ensure that they are trauma informed; recognising that they need increased support for staff dealing with increasingly complex cases; and resolution of wider systems issues (especially information sharing).

“Young people with trauma histories are always working with a range of service providers (not only health staff), so the good thing about the position statement is that all services would need to be becoming trauma informed.”

– Manager, multidisciplinary health team

## 3.1 Providing an evidence base

The basis for the position statement is supported across the ACT local, national, and international literature in systems work with this cohort of young people, indicating it is best practice to support trauma informed work being embedded and supported across the service system. For example:

- Recent Canberra-specific research: Palfrey, N., Reay, R. E., Aplin, V., et al. (2019) Achieving service change through the implementation of a trauma-informed care training program within a mental health service. *Community Mental Health J.* 55, 467–475 . <https://doi.org/10.1007/s10597-018-0272-6>
- Recent Australian research: Isobel, S., et al. (2021). What is needed for trauma informed mental health services in Australia? Perspectives of clinicians and managers. *Int. J. Mental Health Nursing.* 30, 72-82. <https://doi.org/10.1111/inm.12811>
- Recent research that supports the client/consumer experience: Trevillion, K., et al. (2022). Service user perspectives of community mental health services for people with complex emotional needs: A co-produced qualitative interview study. *BMC Psychiatry.* 22(1), 55. <https://doi.org/10.1186/s12888-021-03605-4>

Trauma informed practice has become common terminology across the human services sector over the last decade, however it remains poorly defined. While many professionals understand the principles of trauma informed practice, not all can confidently integrate these approaches into their practice.

Participants to the consultation often expressed a desire to understand why they have experienced challenges in embedding trauma informed practices in their organisations. Those with lived experience expressed that knowing that workers have struggled to embed trauma informed practice in their organisations was helpful to them to understand that their experiences of a lack of trauma informed practice was not their fault, and that this is a something that needed to be addressed in the ACT.

Almost universally raised in the consultation was that the use of the recommendation section in the draft position statement was not especially helpful, and a preference was indicated for an accessible list of practice examples and/or tools to assist organisations to move towards trauma informed practice. It was identified that agencies or organisations would have a particular need or area of focus in moving towards trauma informed care. As a result, a range of practice examples were collected and included in the position statement, including examples from ACT, Australia and internationally; and organisational changes at different level of governments; and examples of specialist training service; and trauma informed support services; and Aboriginal and Torres Strait Islander specific trauma informed practices.

Effort was made to ensure that the practice examples collected and included into the position statement have demonstrated that individuals with a lived experience, and children and youth mental health sectors workers were involved and contributed to the design, implementation, and evaluation of the trauma informed developments. No-cost tools and resources are also identified throughout the position statement to support the embedding of the principles of trauma informed practice, without the barrier of funding support.



## 3.2 Broaden the scope

The consultation clearly expressed a desire to provide guidance on how to work with children and young people in a trauma informed way, not only for the mental health service sector, but for all government and non-government services that have contact with children and young people.

## 3.3 The experience of culturally and linguistically diverse (CALD) people needed greater representation

Culture plays a significant role in how individuals may experience life, including traumatic and adverse events.

“Culture, good and bad, impacts on all parts of a person’s life.”

– Worker who identifies as Indian-Australian

Canberra has a multicultural and diverse community, and when considering implementing trauma informed practice, we received clear advice that it is necessary to consider how to do so whilst maintaining cultural sensitivity and appropriateness. We need to acknowledge that each culturally and linguistically diverse community, and each person within the community, is different and yet there are common threads that shape our lives.

We wanted to explore this further in the position statement and consider how people from culturally and linguistically diverse backgrounds, particularly those seeking asylum and refugees, experience greater stress and trauma compared to other groups. Participants articulated clearly that the “normal” process around migration can impact on the migrating individual, as well as having an intergenerational impact on children and grandchildren.

Participants from multicultural backgrounds or services working with culturally and linguistically diverse communities explained that events prior to migration (such as trauma and exposure to violence), combined with experiences after migration (adjustment to a new country, a new way of life and/or language, as well as lack of support networks, discrimination, and in some cases uncertainty about visa status) can add to vulnerability within this community. It was also clearly articulated that it is important to destigmatise presentations of trauma responses, which can hold different meanings depending on the cultural context. This was incorporated wholly into the position statement.

### 3.4 Recognising the experience of Canberra’s Aboriginal and Torres Strait Islander Peoples and honouring their healing wisdoms

“Trauma can have a significant impact on the Aboriginal and Torres Strait Islander communities in Canberra, as it is closely tied to the history of colonisation and ongoing systemic issues such as poverty, decreased access to healthcare and education, discrimination, and cultural disconnect.”

– Health Partnership Policy Director

We sought specific guidance from members of Canberra’s diverse Aboriginal and Torres Strait Islander communities to inform the position statement for the local perspective, experience, wisdom and understanding. We heard how the Aboriginal and Torres Strait Islander Peoples in the ACT have been actively working to incorporate traditional healing practices into trauma informed practices, and this needed to be clearly captured in the position statement. This includes culturally responsive care, which is an understanding of the importance of family and community in the healing process, as well as the role of spirituality and connection to the land.

## 4. Review of discussions – what we heard

Across all the consultations for the Youth at Risk project, it was frequently expressed that the position statement needed to include principles that support trauma informed practice. Using principles was seen as a way to ensure that the position statement could be applied in dynamic and reflective ways across the service environments, workforce, cultures, policies and practice. In similar documents across Australian jurisdictions, and in the Youth at Risk consultations, the most commonly referenced principles came from the NSW Mental Health Coordinating Council (MHCC) Trauma-Informed Care and Practice Organisational Toolkit<sup>1</sup>. These are held as best practice at this time, as they are informed both by research and by lived experience perspectives. These principles have been included in the position statement.

- **Recognition of prevalence of trauma** and that many children and young people seeking support will have a lived experience of trauma.
- **Understanding trauma and its impact** on the emotional, psychological, and social wellbeing of adolescents, families, and communities.
- **Promoting safety** through relationships and environments that foster physical, emotional, social, cultural, and psychological safety, and where disclosures of trauma are heard and responded to appropriately.
- **Sharing power and governance** – services that recognise the impact of power and ensure that power is shared.
- **Support adolescents to have control, choice, and autonomy** through genuine opportunities to participate in decision making, and by respecting their choices, culture, and values.
- **Clinicians provide evidenced informed interventions** that respond to young people’s experiences of trauma and are guided by contemporary research and understandings.
- **Integrating care** – services take a holistic approach to supporting young people through their recovery process, by coordinating services and providing an integrated approach to care.
- **Ensuring cultural competence** by understanding and respecting the cultural context of traumatic experiences and healing and recovery, and offering interventions that are responsive to the diverse cultural and spiritual needs of all.
- **Recovery is possible** – an approach that fosters opportunities for healing, builds on the existing strengths, and supports adolescents to achieve their goals.
- **Services continuously build capacity and competence** through workforce education, training, and supervision.

**This next part of the listening report presents the consultation feedback has been themed using these principles.**

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<sup>1</sup> Henderson, C., and Everett, M. I., Mental Health Coordinating Council (MHCC) (2018). Trauma-Informed Care and Practice Organisational Toolkit (TICPOT): An Organisational Change Process Resource, Stage 1 - Planning and Audit. <https://mhcc.org.au/resource/ticpot-stage-1-2-3/>

### Feedback from young people and carers:

“I want workers to know that I am the expert in my own life.”

– Young person

“I want those workers to include me whenever possible, because I have some expertise in what’s happened in her life.”

– The above young person’s kinship carer

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### Feedback from service providers:

“This position statement might help sort out the information sharing issues across all organisations with regards to young people who are at risk of poor mental health and possibly at risk in other ways.”

– ACT Education Directorate worker

“Sometime is just that we don’t know what we can and can’t share.”

– CAMHS worker

“Someone needs to take leadership in this and tell us all that we **MUST** share information (and how we do that)- this seems to be what the position statement is doing.”

– Nurse in an adolescent service

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## Theme 5: Support adolescents to have control, choice, and autonomy through genuine opportunities to participate in decision making, and by respecting their choices, culture, and values.

There is strong support for greater engagement of children, young people and their families in decision making across all ACT services that encounter children and young people. In this context, there was often discussion of the need for genuine consultation and engagement to be the expected practice for all services that encounter children and young people, but also that consultation needs to be about the “service system” not only about services. For example, the feedback often focused on the challenges that are experienced in service system navigation, rather than the provision of services. There were also more specific discussions about the provision of services that support culturally safe practices and enable

values such as self-determination, choice and autonomy. Most of that feedback will go into the future work of the Try Test and Learn activities and Trauma Service.

#### Feedback from young people and carers:

“More flexible eligibility criteria to access services.”

– Youth Mental Health Reference Group member

“Something different to going between multiple services to get the help I need.”

– Aboriginal young person

“Someone walking alongside me, to help me out, but to not close the file when I am waiting for help.”

– Aboriginal young person

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#### Feedback from service providers:

“The (youth mental health service) system was too hard to navigate for me, as a professional. I needed to ask for help from colleagues. And I felt like we were constantly in the wrong place, asking for something that we had no right to ask for.”

– Parent of 2 young people with mental ill health

“There should be some thinking about what this position statement might mean for the medical model. Women’s Health Service has historically struggled with employing doctors who are willing to work in a trauma informed way, with the client in the driver’s seat of their interventions. This seems especially hard for doctors to understand when the client is especially vulnerable (like a young mother for example) and she is not ‘following doctor’s orders’. In these situations, it seems easiest for the doctors to become paternalistic and authoritarian”.

– Staff member at Women’s Health Service

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## Theme 6: Clinicians provide evidence informed interventions that respond to young people’s experiences of trauma and are guided by contemporary research and understandings.

The consultation received many detailed suggestions of potential evidence informed interventions that should be provided by the future trauma service, however these require consideration outside the remit of the position statement. Most of the feedback relevant to this principle will go into the future work of the Try Test and Learn activities and Trauma Service. What was clear in the consultation is the trauma informed intervention for each child or young person depends on the nature, timing, and amount of exposure to a trauma, and should be determined in collaboration with the child or young person and their key people.

### Feedback from young people and carers:

“I have (Borderline Personality Disorder) and I just need you to have clear boundaries that you stick to, so that I can trust you. If you are all over the shop, calling me all the time, I will be all over the shop, calling you all the time. But help me out here with some reliable plans and times to call each other. It makes me feel safer.”

– Young person

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### Feedback from service providers:

“Communication is especially hard with couch-surfing kids - who have no safe adult and a limited ability to tell their own life story. Often, they need us (the adults) to find their information for them, and often this goes into the usefulness/ success of interventions like Life Story Work.”

– Trauma counsellor

“If trauma-informed practice is about ‘what happened’ (rather) than ‘what’s wrong with you’ (then) the focus on diagnosis and labelling (particularly with children and young people) strikes me as being at odds with trauma-informed practice. How do we resolve this?”

– School psychologist

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## Theme 7: Integrating care - services take a holistic approach to supporting young people through their recovery process, by coordinating services and providing an integrated approach to care.

Most of the feedback from this section will go into the future work of the Try Test and Learn activities and Trauma Service. However, 3 key descriptors stood out: many participants described the need for “service system navigation”, “care coordination”, and “walking-alongside” as ways that trauma informed practice differs to what is currently available and what would be helpful for young people.

### Feedback from young people and carers:

(This means flexible services) “that don’t close when you’re waiting for another service to pick you up - services that you can access without long waiting lists both when you are in crisis and when you’re not in crisis.”

– Young person

### Feedback from service providers:

“Need for information sharing: This is essential to providing integrated and collaborative interventions for these young people. And often the issues for the child and young person stems from known family trauma. Having access to (such information as a child’s Child and Youth Protection Services file) provides a good understanding of the child or young person’s life. This helps quality and timely assessments and interventions like Neurosequential Model of Therapeutics and Life Story Work.”

– Trauma counsellor

“But (navigation) is not just warm referrals, it’s the following-up, not closing the books once they’re on their way to another service”.

(Descriptions of YP seeing the nurse over several months) “then finally getting them to the right place, but (navigation) takes time out of our day that we usually can’t record a stat against, we just know that it is the thing that makes the difference.”

– School youth health nurse

“And that is how the YP use us - they ask for our help to get the help they need, they want to us to tell them about the other services and how to get there, then they want to update us about going to the service: if it’s working, if they like the person or not”, “we have to know so much about the service system to do a good job with (navigation).”

– Youth health nurse

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## Theme 8: Ensuring cultural competence by understanding and respecting the cultural context of traumatic experiences and healing and recovery and offering interventions that are responsive to the diverse cultural and spiritual needs of all.

We have included more information on the cultural implication of trauma and intergenerational trauma, following consultation with young people and families with lived experiences of complex needs and mental ill health, who come from a diverse range of cultures and backgrounds. Below is some of this feedback that informed that section of the position statement.

### Feedback from young people and carers:

Young CALD woman, described her experiences as a CALD new mother,

“I was ‘told off’ by nurses and the doctor for not knowing how to change a nappy, but culturally I should be taught by my mother or elder woman, and young unwed middle-class women like me are not meant to be exposed to child raising activities until we have our children.

There are all these western assumptions about parenting that come into play when professionals are busy- talking quickly, not being curious or asking questions, but seeming to be telling CaLD people what they ‘should’ be doing. We do things differently, often for a good reason, right?! But busy ‘professionals’ don’t get it. They aren’t trauma informed. They don’t assume that we know what is right for us. That’s why being trauma informed is so important. Makes the professional slow down, be curious, not make assumptions, and acknowledge that gender and culture and experiences all impact on the person in front of the professional”.



### Feedback from young people and carers:

“Talk more about the intergenerational expectations on young people. Often we accidentally create additional identity issues. Our children are expected to ‘bridge the cultures’. It is so important that others have interest in our culture and ‘cultural inheritance.’”

– CALD mother

“Understanding culture means looking beyond the Multicultural festival”.

– CALD young person

“Consider your use of language in the position statement. For example, 'counselling' may have no cultural meaning to some people. Consider using 'help and support' much more.”

– CALD and Aboriginal young person

“Talk more (in the position statement) about how traumatic it is to try to make sense of, or to process the grief of assimilation.”

– Aboriginal mum and young person

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### Feedback from service providers:

“Multicultural inclusion is essential, but just asking the Multicultural Centre is not enough”.

– Worker with a multicultural service

“CALD communities are so marginalised in Canberra, reach further with your consultation to hear multicultural voices.”

– Worker who identified as CALD

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## Theme 9: Recovery is possible – an approach that fosters opportunities for healing, builds on the existing strengths, and supports adolescents to achieve their goals

There was a common perception in the consultation, that the adoption of trauma-informed practices is not widespread in children and young people’s services, and especially mental health services. It was often reported that mental health services have not been able to move to creating service environments that are pleasant to be in, to avoid re-traumatisation. Further, many expressed the belief that this lack of attention to the service environment emphasised the lack of understanding about the influence of trauma experiences on the onset and symptomatic presentations of mental ill-health. This is significant in relation to the recovery principle in mental health services, as trauma experience should be considered in terms of their impact on mental ill health and integrated into treatment decisions.

### Feedback from young people and carers:

“It is re-traumatising to go into the Mental Health Services. Grumpy receptionist, old buildings, crappy furniture, and staff that do 6 sessions of CBT and that’s it. It’s miserable. No wonder I’m miserable. How am I meant to get less depressed in one of those places?”

– Young person

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### Feedback from service providers:

“Yes, this (position statement) is what we need to create the minimum standard. We are currently trying to encourage Mental Health services to include trauma informed practices, only to be told that it is ‘not compatible with the Recovery Model’ and therefore does not work with Mental Health clients.”

– NGO team leader

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## Theme 10: Services continuously build capacity and competence through workforce education, training, and supervision

Trauma-informed practice, as identified in the position statement, provides the principles through which child and youth service settings can make efforts towards embedding a response to trauma across all levels and functions of the organisation, including leadership, management, service delivery, environments, and in policies and procedures. The Position statement highlights that this is not achieved through a one-off training, but is rather an on-going process of organisational change involving the wisdom of those with lived and living experience.

A key component of trauma informed practice is to have a service that is both safe for clients and staff. This includes ensuring that supports are available for staff to prevent or reduce the impacts of vicarious traumatisation, such as access to supervision and a workplace culture that supports staff well-being. Also, there are workforce challenges across the much of the child and youth service sector, which includes both the recruitment and retention of qualified and experienced staff. One of the challenges of developing 'trauma literacy' in workforces is in the significant turnover of staff, and the expense involved in organisations continually providing professional development for new staff. Having the position statement informing the those undertaking education and training in the fields relevant to working with children and young people is one opportunity to increase consistency in trauma literacy, at least upon entry into the work force.

### Feedback from leaders and managers:

“This position statement might help with staff well-being, I guess I can reflect on how important the principles of trauma informed practice are, to enable them (workers) to prioritise their own well-being.”

– Canberra Health Services Nurse Manager

“We also need a leader in trauma informed practice - some agency who trains us, inspires us, practices what they preach, and maybe even does accreditation or credentialling in trauma informed practice.”

– NGO CEO

## Feedback from service providers:

(As a worker from a trauma service) “we spend too much of our time inefficiently training individual workers, teachers, and the other services around each young person about trauma informed practice. We need a minimum standard. We need new workers to know about trauma informed practice as the minimum standard. We need all the parts of the youth service system to know the minimum standard. We also need clear shared language, so that we are all working towards the same vision.”

– Trauma therapist

“The position statement is refreshing and heartening... because it acknowledges the requirement of a skilled workforce that has an understanding of trauma-informed care, and policies that enable them to use their skills that has an understanding of trauma-informed care”, but also that there is likely to be a need for “development of workers, so training support would be appreciated.”

– NGO worker

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## 5. Summary

This paper was produced based on the feedback received through the consultation for the ACT Position Statement on Trauma Informed Practice for Children and Young People.

The position statement was circulated in draft form, and consultation feedback was sought to:

- Highlight where additional information needed to be incorporated into the draft position statement
- Highlight where a change needed to be made to the draft position statement
- Highlight where the position statement might support a change or improvement in practice, or
- Identify how the position statement might be a useful document in the ACT, especially for priority groups.

The information collected assisted the refinement of the draft ACT position statement for Trauma Informed Practice for children and young people. This will be considered by government.

**The Youth at Risk of Developing Mental Ill Health project team would like to warmly thank all those who contributed their time, wisdom and expertise so generously to this consultation process. We most want to acknowledge the young people and their families and carers who have really helped us to understand what is working well and what is needed in the ACT.**

## **Acknowledgment of Country**

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

### **Accessibility**

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