ACT Government
Health

Evaluation Framework

Trauma Informed Practice Training Try Test and Learn

September 2024

Contents

Background

Purpose

This document outlines an approach to measure and evaluate the impacts of the Trauma Informed Practice Training Try Test and Learn (TIPTTTL). The TIPTTTL seeks to determine the effectiveness of increasing knowledge in trauma informed practice on changing the culture of practice in services in the ACT Youth Mental Health Sector. This document outlines the key evaluative questions to provide learnings on the most effective delivery model, and the impacts in the short, medium, and long-term of improving Trauma-Informed Practice knowledge.

Background to the program

During consultation in early 2023 for the Youth at Risk (YAR) project, participants across youth mental health service sector raised concerns that existing providers would not be able to effectively engage in a trauma informed way with a new youth trauma service, without access to additional training and support for themselves to work in a trauma informed way. There have been different pockets of trauma informed practice training across the sector, however, this can vary between organisations and, sometimes, the training outcomes are not reflected in actual practice and, service user and staff experience.

The YAR project team led formal consultations and co-design workshops with members of the CYMHS Alliance between July and September 2023 to develop a Program Logic for the Training TTL. This program logic was used to inform the subsequent procurement process.

One of the goals of the Youth at Risk Project is to establish a Territory-Wide collaborative response for youth with complex trauma. Trauma informed practice is a process of organisational change that creates recovery environments for staff, children and young people, their families, friends, and allies. Trauma informed practice also has positive implications for reducing intergenerational trauma in the wider community, which is especially important for Aboriginal and Torres Strait Islander people, and people from culturally and racially marginalised backgrounds.

The evidence tells us that change must occur at all levels of an organisation, from Executive to administration staff, to achieve the intended long-term outcomes outlined (Appendix A). For this to occur there must be a whole-of-system approach and a whole-of-system response to embed trauma informed practice in the ACT. Therefore, the TIPTTL training package is targeted to all levels of the organisation (clinical and non-clinical individuals, managers, and executives).

Throughout the consultations and workshops, it is clear that while training for clinicians on trauma informed interventions are important, the primary content and outcomes of the training must be broader than this including: raising and promoting trauma awareness, language and education; supporting the application of trauma informed tools relevant to the individual's scope of practice; and enabling and maintaining cultural and organisational shifts towards being trauma informed. This means small steps to support staff in the organisations to create or transition into trauma informed practice across both operational and non-operational levels (e.g., policy and human resource).

Trauma informed practices benefit service users, staff, and the whole mental health system. A trauma informed organisation acknowledges that some of their staff may have lived through traumatic

experiences or adverse childhood experiences, similar to those of service users. For programs to be safe for service users, they must also be safe for staff, with ethical practice and self-care strategies supported by management and workplace policies. TIP is therefore not a training that can be delivered once-off or to only one part of an organisation, for example, the clinicians and not the managers and executives. It is about connecting a system to work together effectively, with young people in the centre of care.

Program Description

Emerging Minds have been procured to design and deliver the TIP training package that meets all of the learning objectives outlined in the Program Logic, in consultation with the YAR project team (Appendix A). Emerging Minds staff are delivering the training between July 2024 and May 2025 in a hybrid model incorporating weekly written content and practice demonstrations, online tutorials and face-to-face training.

The training includes foundational learning that reinforces important concepts about mental health, trauma, culture and disadvantage. This will be supplemented by tailored packages that meet specific professional needs across clinical and non-clinical staff. All participants will receive individualised learning plans and have regular assessments including reflection assignments and content quizzes. It will be delivered in a hybrid model with a mix of online tutorials, webinars, and face-to-face training.

To help us understand the mode of delivery that might have the greatest impact will be delivered to two groups of approximately 20 people in each. One cohort will be from a single organisation (Marymead CatholicCare) and comprise clinical and non-clinical staff, executives, managers and administrative staff. The second cohort will be made up of individuals in a variety of positions from different organisations in the Child and Youth Mental Health Sector Alliance (CYMHSA).

The cohort from the organisation commenced their training in July 2024. The cohort of individuals will commence their training in February 2025. An Expression of Interest is being sent out to members of the CYMHSA to form this group.

The training package is designed to enhance the skills of all professionals, at any level of understanding of trauma informed practices, through individualised learning plans. The training will contribute to building the trauma informed landscape in the ACT in alignment with the Position Statement on Trauma Informed Practice for Children and Young People tabled in November 2023.

For individuals, this is a unique opportunity to access training based on Emerging Minds' comprehensive suite of trauma resources currently offered as a micro-credential in the Graduate Certificate of Trauma Practice in the School of Psychology, Social Work and Education at Flinders University.

For the organisation cohort, the training also provides access to a bespoke version of the Emerging Minds Focus Tool which will evaluate the organisation's long-term and sustainable change. The use of this tool is available beyond the TIPTTL.

Strategic Policy Context

TIP has been identified as an important approach to support the recovery of people with complex needs. The TIPTTL responds to needs and priorities identified through the following key policy projects:

- ACT Position Statement on Trauma Informed Practices for children and young people
- Office for Mental Health and Wellbeing Work Plan 2019–2021
    - Theme 1 – Mentally Healthy Communities and Workplaces
    - Theme 2 – Support for Individuals, Families and Carers
- Review of Children and Young People in the ACT
    - Recommendation 1
- Mental Health: Productivity Commission Inquiry 2020
- National Children's Mental Health and Wellbeing Strategy
    - Focus area 1: Family and Community
    - Focus Area 2: The Service System
- The Standing Committee on Education, Employment and Youth Affairs Inquiry into Youth Mental Health in the ACT

Program logic and theory of change

The TIPTTL is seeking to create a cultural shift in the way that mental health and related services are delivered to young people in the ACT. A program logic has been developed in consultation with the community at Appendix A which outlines the key activities and learning outcomes that the delivery of the program is expected to result in.

A theory of change explains how and why social policy and program activities lead to outcomes and impacts. The theory of change underpinning the TIPTTL is as follows:

> By improving the knowledge of trauma informed practice and principles of staff in an organisation, there will be a change in the attitudes and behaviours at individual and organisational levels towards trauma-informed practice.
>
> Over the longer term it is anticipated that this will improve the experience of young people in the mental health system and support the recovery of young people at risk.

Framework for evaluation

Evaluation principles

Acknowledging the principles of trauma-informed practice, the design, collection and analysis of evaluation data should be conducted in line with the following principles[1]:

- with an understanding of the impact of trauma and violence
- assuming that any of the research and evaluation participants could have experienced trauma
- applying trauma-informed approaches to minimise the likelihood of distress and re-traumatisation for participants
- having a plan of action if participants do become distressed during their involvement in the project

Further information on conducting trauma informed evaluation can be found here: apo.org.au/sites/default/files/resource-files/2024-08/apo-nid328134.pdf.

From an evaluation perspective activity should be:

- integrated with program implementation and that the learnings can guide continuous improvements in implementation
- adaptable to meet the needs of the project
- comprehensive- encompassing a variety of techniques to provide us with a broad understanding of the change
- utilising appropriate methods for what is being measured

Key questions and objectives of evaluation

Evaluation of the TIPTTL is concerned with understanding the impact of the training in facilitating changes individuals, organisations and across the broader system over time. The evaluation will provide information on the following:

1. Did improving knowledge of trauma-informed practice create changes in the behaviour and attitude of individuals and organisations in the short and medium term?
2. What mode (i.e. whole organisation versus cross-section; face-to-face workshops versus online tutorials) of delivery best supports cultural change in an organisation towards trauma-informed practice?
3. Can any downstream impacts on the ACT youth mental health system through the delivery of the training to the two cohorts be determined?
4. What adjustments might be made to the training program and its delivery to support success for future implementation?
5. Is there potential to further expand on the delivery of the training to the ACT?

The final evaluation analysis should reflect on the theory of change and provide insights into whether the theory of change is or is not supported and why.

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[1] MacDonald, J et al. (2024), *How to do trauma-informed research and evaluation*, Australian Institute of Family Studies.

Framework for evaluation

To understand the impacts of the intervention evaluation should focus on evaluating process and impact. The analysis will need to take into consideration what reasonable changes we might expect to see in the timeframes that we are collecting data. Table 1 outlines a framework to assess this with suggestions on how the data might be collected.

Table 1. Framework for evaluation

Evaluation focus and time points	Evaluation questions and methods
SHORT TERM IMPACTS EVALUATION Before and immediately after the training- **Cohort 1: August 2024 and November 2024** **Cohort 2: May 2025 August 2025** *Focus on exploring increase in knowledge and changes in beliefs and attitudes.*	**Emerging Minds evaluative questions:** EQ1: To what extent was the program delivered as intended? EQ2: How well did the training program engage participants? EQ3: To what extent has the training program improved participants' knowledge, confidence, and skills in trauma-informed care for children and young people? Learning questions: LQ1: What factors enable professionals and organisations to implement and sustain trauma-informed practices when working with children and young people? LQ2: In what ways could the learning program be improved? **Data collection methods (Emerging Minds):** Online pre/post course survey to measure knowledge and confidence change resulting from course completion. Online pre/post program survey to measure participants changes in knowledge, confidence, skills, practice and perceived workforce support on a 7-point Likert scale at completion of the program. Survey items will be relevant to clinical, non-clinical, team manager and executive participants. -Focus groups will be conducted to identify change outcomes at the workplace and organisational level. -Will draw upon realist evaluation approach to identify facilitators and mechanisms of practice change in varying workplace contexts.
MEDIUM TERM IMPACTS EVALUATION **3 months post training-** Cohort 1: February 2025	**Emerging Minds evaluative questions:** EQ4: To what extent did participants apply training to their practice? EQ5: To what extent have participants' organisations become more trauma-informed?

Cohort 2: August 2025 *Focus on exploring changes in behaviours*.	**ACT Health evaluative questions:** IE Q1: Has there been a change in behaviour, attitudes and practice as a result of the training? IE Q2: What evidence is there of changed attitudes or behaviours of at the individual and organisational level? IE Q3: What enablers and barriers are there for staff to put their learnings into practice? IE Q4: What are the staff's reflections on the training? Is there any feedback on what else the training might encapsulate to support trauma-informed practice? IE Q5: What is participants reflection of the experience of using the Emerging Minds Focus Tool?
	Data collection methods (ACT Health): Repeat Emerging Minds course survey, ACT Health to analyse data. Conduct focus groups (Emerging Minds to assist with developing interview questions). Develop a framework for what changes of behaviour we might expect to see three months down the line. For example, these might include: • an increase in professional supervision • more collegiate discussions • staff seeking help more readily • unconditional positive regard for clients and colleagues • more multi-disciplinary/inter-disciplinary approaches to client care • caseload sizes (ideally, we would like to see these reduced/lowered reflective of TIP policies that recognise the greater complexity of clients with trauma backgrounds, or some additional measure that may mitigate the additional load of these consumers relative to consumers with other concerns) Other evidence of behaviour change might include: • TICPOT questionnaires (if these have been completed by organisations/departments/teams) • physical spaces (and changes to these) • budgets and expenditure • supervision arrangements • wellbeing initiatives and policies • language within internal and external communications documents • conflict resolution procedures • sick/stress leave data • information sharing data

- increase in inter-agency meetings, referrals, warm handovers and general interactions
- client satisfaction survey data
- community/sector perception of agency/organisation

ACT Health evaluative questions:

IE Q6: Do we see a positive shift in staff/client satisfaction/experience as a result of the training?

IEQ7: Has there been a change in practices across organisations and the ACT youth mental health system more broadly?

IE Q8: Has there been changes to how organisations in the youth mental health system interact with one another?

IE Q9: What are the networks around the individuals/organisation? Are their examples or artefacts of how their changes in behaviour have had influence?

IEQ 10: Is the change sustainable? What factors might enable? what barriers are there? what barriers might emerge?

LONG TERM IMPACTS EVALUATION

3 months post training and potentially further down the line

Focus on what we can determine about the impact/change so far.

Data collection methods (ACT Health):

Seek access to client satisfaction surveys from participating organisations.

Consider collecting additional data from clients in line with new principles for trauma-informed research.

Seek access from participating organisation for staff wellbeing data. Marymead Catholic Care can provide for Cohort 1, Government departments for Cohort 2.

Conduct focus groups and observations.

Suggestions for gathering data:

- use TICPOT Stage 1 to show changes in organisational practice in relation to TIP- most relevant to Executives or Team Leaders who participated in the training
- talk to staff from MMCC who did NOT participate in the training about any changes they have observed
- overview of budgetary expenditure, specifically in MMCC (any changes made to facilities, staffing, training expenditure, supervision budget etc.)
- assess whether second cohort (cross-organisation) has ripple effect of expanding networks and likelihood that professionals will operate more inter-disciplinarily and/or multi-disciplinarily than prior to the training
- assess whether Communities of Practice have emerged post-training (formal or informal)

Evaluation data collection methods

Methods

To understand the impacts of the TIPTTL a range of data collect methods should be used to provide a broad understanding of the impacts of the intervention. Table 2. outlines the methods that might be considered.

Table 2. Proposed methods for data collection

Data collection method	Use
Self-reported survey data	to be used to provide an understanding of the learning outcomes of the TIPTTL and general feedback on the program and its delivery and clients satisfaction.
Semi-structured interviews	to be used to understand how staff have been able to apply learnings from the training, and their reflections on the training and enablers and barriers to its application in practice. These will also be used to find examples to evidence changes in behaviours of individuals and practices of the organisation towards trauma-informed practice.
Observation/collection of artefacts	to be used to provide evidence of changes made to the practice of individuals and the organisation reflecting the principles of trauma-informed practice.
Narratives	to be used to provide staff with opportunity to share how they have been able to apply learnings. Vignettes can be used for different purposed to share examples of the learnings from the training.

Further guidance on these data collection methods and how to analyse the data can be found here:

- *Magenta_Book_Annex_A._Analytical_methods_for_use_within_an_evaluation.pdf (publishing.service.gov.uk)*
- Data collection and analysis for evaluation – reference guides for teachers (nsw.gov.au)

Role of the evaluator

The evaluator will engage in activities to collect and analyse the data and prepare a report of findings. The evaluator should take an objective approach to exploring the process of delivery and the impacts of the training. The approach should be one of exploration and learning to all findings regardless of whether they support the objectives of the intervention. There will be an important role for critical self-reflection and verifying data collection methods and findings with people outside of the project team to support some objectivity to the approach.

The evaluator will need to engage with participants in a trauma-informed way. This will include in how they conduct interactions and how they manage the data and how they reflect the finding in the evaluation report. The evaluator will identify strategies to manage issues that might arise with stakeholders that are in line with trauma informed principles. Development of a risk management framework might help to support this.

In-house evaluation

The evaluation is to be conducted in-house by the Mental Health and Suicide Prevention Division. This will be beneficial due to the following:

- will allow the data and learnings to be accessible to the project team to support continuous learning
- will allow existing rapport and relationships to be leveraged to support data collection
- will allow the evaluation to be contextualised with the existing knowledge of the project and with the needs of the organisation
- provide an opportunity for the recommendations to be followed up on

To ensure the collection and analysis of data is objective and that the evaluation is conducted with evaluation expertise the following measures will be put in place:

- An external social work or other student will be engaged to conduct the data collection and analysis, with the guidance of the TIPTTL project team.
- The evaluator will be able to consult with alumni from the ACT Government Evidence and Evaluation Academy for support on any issues and for a perspective external to the project.
- The evaluator will engage with the steering committee, who have stakeholders external to the ACT Government throughout the evaluation for external perspective.
- The team will consult with tertiary institutions about strategies and partnerships that promote independent data analysis.

Analysis of data and learnings

The learnings from analysis of the evaluation data should be contextualised into the work of the ACT Health Directorate and consideration should be given as to whether there is sufficient evidence to support a business case for further expansion of the program. If there is scope a cost-benefit analysis that explores the return on investment might be considered.

An evaluation use and dissemination plan should be developed to share the learnings with interested parties. Table 3. proposes key questions that might be considered.

Table 3. Key questions to determine an evaluation use and dissemination plan

WHO	What needs to happen
Which groups	Identify potential stakeholders through stakeholder mapping.
What information	Determine what information is needed by which group.
Which point in time	Identify decision points or points to collect data.
For what purpose	Why we are sharing the evaluation findings with them?
How	What communication channels will be used and through what mediums will we share the information?

Management and governance

Approval processes

Project Owner	**Name**	**Dr Sarah Miller**
	Position	**Coordinator-General Mental Health and Wellbeing**
	Contact	**Sarah.Miller@act.gov.au**
Project Sponsor	**Name**	**Wendy Kipling**
	Position	**A/g Executive Branch Manager, Mental Health and Suicide Prevention Division, ACT Health Directorate**
	Contact	**Wendy.Kipling@act.gov.au**
Project Manager	**Name**	**Cassandra Tinning**
	Position	**Director, Youth at Risk Project**
	Contact	**Cassandra.Tinning@act.gov.au**
Project Coordinator	**Name**	**Lauren Forner**
	Position	**Project Coordinator**
	Contact	**Lauren.Forner@act.gov.au**

The Youth at Risk project is governed by the Executive Steering Committee, with membership compiled of senior representatives from the Commonwealth Department of Health and Aged Care, ACT Health Directorate, Canberra Health Services, Community Services Directorate, Education Directorate, Capital Health Network, and the ACT Mental Health Community Coalition. This Evaluation Framework will be reviewed by the Project Owner and Project Sponsor, and will be reviewed with a view to being endorsed by the Executive Steering Committee.

Actions

The Project manager will take responsibility for actioning the activities as identified in the document and providing the outcomes and report/s to the Executive Steering Committee. The purpose is to have the report/s published on the Youth at Risk website and/or another widely accessible website.

The report/s would also be made available to Emerging Minds, as the training provider.

Appendix A: Youth at Risk Project –Trauma Informed Practice Training Program Logic

Vision: All children and youth mental health services across the ACT embed trauma informed practice principles in service delivery, including policy and procedure.
Goal (Project): To create a sustainable trauma informed practice training package that becomes applicable for all child and youth mental health services.
Goal (TTL): For several groups of participants to participate in a trauma informed practice training package and have a plan about how this will be sustainable in the ACT.

Needs Statement
During consultation for the Youth at Risk project, participants across all levels and roles in the youth mental health service sector raised concerns that providers would not be able to effectively engage in a trauma informed way with a new youth trauma service, without access to additional training and support for themselves to work in a trauma informed way. There have been different pockets of trauma informed practice training across the sector, however, this may vary between organisations and, sometimes, the training outcomes are not reflected in actual practice and, service user and staff experience.

Assumptions:	Staff at all levels from their organisations have the time and availability to participate in the training ongoingly. Staff at all levels from their organisations will be willing to provide feedback on their experience of training and engage with the evaluation. There will be a provider sourced through a tender process who would run this training within the Youth at Risk project timeframe.
External Factors:	Funding agreement. Limited engagement with the training package due to other competing priorities (e.g., commissioning in the NGO sector, operational demand).

Inputs	Activities	Outputs
ACT Government partnership with training provider. Funding. Research and evidence about what works. Participation from service providers (individuals, managers, executives). Advice and input – - Youth at Risk Project Executive Steering Committee, which has a range of representatives including those with lived experience, Government and NGO services. - Child and Youth Mental Health Services Alliance Service Development Working Group (Youth at Risk Project Reference group).	Trauma informed practice training package for: - Individuals (clinical) - Individuals (non-clinical) - Team leaders/ managers - Executives Mode of delivery: Hybrid Frequency of training: Phased/multiple sessions. Method of training, mixture of: - Interaction sessions - Workshops - Situation studies The participant make-up of 2 separate training groups: 1. One rep per org, across several youth mental health orgs; 2. A whole of org, with mix of clinical and non-clin, mangers, execs and admin. Key training content: - Trauma awareness & education. - Application of tools relevant to scope of practice. - Cultural and organisational shifts towards being trauma informed. - Establishment of ongoing mechanisms to support implementation of new knowledge such as Reflective Practice groups and/or a Community of Practice. *More information of content in the rest of the document.*	Number of participants from child and youth mental health sector (particularly from the Alliance). Number of sessions delivered. Number of program sessions attended (total number of sessions attended across all sessions and participants). Number of participants who complete all training modules. Number of participants who complete all training “assessments”. This may include assessments to determine participants’ comprehension of training material and/or the formal assessments that a Registered Training Organisation is required to complete for accreditation purposes. The provider is not required to be an RTO, although this may be an advantage.

Role in Organization/ Outcomes	Short-term outcomes **TTL Completion (FY24/25)**	Medium-term outcomes **Y@R Project Completion (FY25/26)**	Long-term outcomes **Post-Y@R Project (at least until FY29/30)**
Individuals: Clinicians such as Allied Health Professionals, Aboriginal and Torres Strait Islander Liaison Officers, Peer Workers*, Nurses, Doctors, etc	• Improved understanding and awareness of: ○ what trauma is; how to recognise trauma with clients; brain development and how its impacted by trauma; and how trauma presents in actions and presentations. Including variable factors such as pushing back, participation, disengagement. ○ a holistic trauma response framework. Not necessarily based on westernised models. ○ accessibility barriers to services. E.g., practical difficulties for young people and families to seek services, consent, information sharing. Need for flexibility in service provision. How to support families and the people around young people. ○ complexity of the needs of young people accessing services, incl. shame and stigma of trauma experiences, how this impacts help-seeking. ○ central concepts of vicarious trauma, lateral violence, community trauma and intergenerational trauma. ○ the different screening, assessment, and treatment tools regarding trauma • For priority groups (e.g., Aboriginal and Torres Strait Islander, Multicultural groups):	• Application in understanding and awareness of trauma in engagement with service users. • Contributed to create a safe environment for all. • Utilised Self-Compassion, and self-care strategies. • Utilised consistent and safe language around trauma. • Minimised jargon / technical terms in service delivery. • Improved personalised care for young people. • Increase use of trauma tools (e.g., screening, assessments, therapeutic work) with clients. • Developed shared language of trauma within services. • Consistency in service delivery – the practices are embedded into the clinic, regardless of which clinician is available. • Increased opportunities to network with services across the ACT – *capacity building – networking – community of practice – reflective*	• Services within the child and youth mental health service system are trauma informed. • Embedded other training outcomes in the youth mental health sector. • Initiatives are in place that actively work to prevent burnout in staff, and supports are present for those who might be experiencing burnout. • Organisations are inclusive, supportive, and trauma informed. • Trauma informed practice is assessed and monitored, and this information is utilised for regular quality improvement. • Reduction in stigma associated with trauma in the organisation. • Increased capability within services to respond to trauma-related issues from children and young people.

	○ improved cultural and sub-cultural awareness and understanding of the unique forms of trauma experienced by marginalised populations. ○ improved understanding of needs and co-morbidity of needs. ○ improved understanding of culturally informed healing practices. • Providing affirming care & supporting the unique experience of LGBTIQA+ people. • Improved confidence in responding to mental health needs of young people without pathologising / diagnosing as the first intervention. • Improved understanding of how trauma might influence the creation of a consumer risk assessment/safety plan, especially with consideration of domestic and family violence. • Build confidence in staff to include young people with decision making (in a child-centred and developmentally appropriate way) when decisions affect them.	*practice and/or reflective supervision groups are developed and supported.* • Self-recognising when the clinician does not have the skills to support children and young people in particular circumstances but know where to go in the sector for the support. • Clinicians able to support service users through warm referral or linkage to appropriate services. • Identification of a clear point of responsibility within the organisation to lead and oversee the implementation of trauma informed practice in the organisation. • Working effectively with the peer/lived experience workforce.	• Improved system planning and management to respond to the needs for children and young people. • Increase support and invest in implementing and sustaining a trauma informed approach, including mentoring others in the organisation. • Written policies and protocols in establishing a trauma informed approach. • Sustain organisational procedures and cross-agency and cross-disciplinary collaboration protocols. • Human resources and financing are structured to support trauma informed approach, such as staff training on trauma, development of appropriate and safe facilities, establishment of peer-support. **IMPACT OUTCOMES**
Individuals: Non-clinicians such as reception "front of house" staff, vocationally trained support workforce,	• Improved understanding and awareness of: ○ what trauma is and how to recognise trauma. ○ the social determinates relating to trauma (including stressors). ○ how to contribute to psychological safety in the workplace. ○ different needs of young people and how to engage appropriately. ○ how trauma impacts staff and promote strategies to self-manage compassion fatigue and keep safe in potentially high stress situations.	• Contributed to create a safe environment for all. • Apply understanding and awareness of trauma in engagement with service users. • Developed shared language of trauma. • Utilised self-care strategies. • Increased opportunities to network with other services, such as participate in a Community of Practice	

such as peer workers*, mental health assistants (cert iv/undergrad). ***Note peer workers appears in both "clinicians" and "non-clinicians", as where they fit is likely dependant on their experience, skills and training.**	○ accessibility barriers to services; practical difficulties for young people and families to seek services; shame and stigma of trauma experiences and how this impacts help-seeking. How to support families and people around young people. ○ improved cultural awareness and understanding of the unique forms of trauma experienced by marginalised populations. ○ utilised consistent and safe language around trauma. • Providing affirming care & supporting the unique experience of LGBTIQA+ people. • Improved ability to make everyone feel comfortable and welcome. • Increased ability to contribute to risk assessment/safety plans, especially in relation to domestic and family violence, as required	• Recognising when they don't have the skills to support children and young people in particular circumstances but know where to go in own service for the support. • Completed relevant training to increase confidence and skills in supportive conversations, reducing stigma about trauma and mental illness (such as mental health first aid/ psychological first aid training).	• **Improved mental health service system experiences for children and young people.** • **Improved mental health service system outcomes for children and young people**
Team Leaders/ Managers (junior- &	• Improved understanding and awareness of: ○ what trauma is and how to recognise trauma with clients and staff. ○ how to create a safe and supportive environment for all consumers and staff including regular clinical supervision / reflective practice for self and all staff; recognising and	• Apply understanding and awareness of trauma. • Developed shared language of trauma.	

middle-management)	responding to vicarious trauma and re-traumatisation of staff members. ○ how trauma informed practice translates into practices and policies such as including lived experience wisdom in service delivery/ development, continuity of service provision, handovers and warm referral processes. ○ barriers to trauma informed practice: esp. information sharing barriers. • Utilised situation studies to strengthen trauma informed practice. • Embedded regular discussion with staff on case load (complexity and numbers). • Embedded strategies to support staff wellbeing.	• Developed plans to support staff. Including funding to support self-care. • Invest in introductory and ongoing training for both clinical and non-clinical staff (all levels of staff). • Created a trauma-informed working environment that supports staff to engage safely with consumers and all staff. • Establish organisational procedures and cross-agency and cross-disciplinary collaboration protocols.	
Executives (senior management)	• Improved understanding and awareness of: ○ what trauma is and how to recognise trauma with clients and staff members. ○ how to create a safe and supportive environment for all consumers and staff including regular clinical supervision / reflective practice for self and all staff; recognising and responding to vicarious trauma and re-traumatisation of staff members. ○ how to capture trauma informed practice data in service delivery. ○ how trauma informed practice translates into practices and policies. ○ the concept of psychosocial hazards in the workplace and organisational responsibilities for managing these. ○ The ways a peer workforce would be supported in your organisation.	• Apply understanding and awareness of trauma. • Developed shared language of trauma. • Engaged service users in organisational planning. • Invest in introductory and ongoing training for both clinical and non-clinical staff (all levels of staff). • Invest in hiring a trauma informed workforce, including peer workers. • Created a safe environment for all consumer and staff. • Embedded specific time for supervision and skills development in all staff. • Establish organisational procedures and cross-agency and cross-disciplinary collaboration protocols.	

Training Content

Level of Organisation	Content of training
Individuals (clinicians)	- Defining what trauma is, including understanding the differences between trauma as a concept and diagnosed conditions like Acute Stress Disorder and Complex-PTSD. - Understanding the impact of trauma, Adverse Childhood Experiences, and the principles of trauma informed practice from the NSW Mental Health Coordinating Council (MHCC) "Trauma-Informed Care and Practice Organisational Toolkit". - Understanding the importance of including those with lived experience in all areas of service development and delivery. Include the wisdom of those with lived experience in the training. - Why young people with trauma experiences behave the way they do – with examples and situation studies, including demonstrating their help and safety-seeking actions and the impact of shame and stigma of trauma experiences. - How to respond to young people impacted by trauma: using non-clinical language to describe trauma and prioritising non-pathologising responses. - Principles of risk/safety assessments through a trauma-informed lens, with a focus on how to safely include the young people on the conversations. - Overview of the different screening, assessment, and treatment tools regarding trauma (e.g., NMT, TF-CBT and culturally informed healing practices). - Understanding cultural safety: respond to the needs of Aboriginal and Torres Strait Islander people. - Understanding and responding to the needs of neurodiverse children and young people. - Understanding and responding to the needs of diverse communities and individuals, including the unique trauma experience of LGBTIQA+ people. - Supporting the family, the people around the young person, and how to work alongside them to promote safety in the home for the young person. - How to recognise, respond and support colleagues/staff affected by trauma. - Impact of trauma on the self: including the importance of self-care; recognising vicarious trauma, lateral violence, Adverse Childhood Experiences, Self-Compassion

Individuals (non-clinicians)	- Defining what trauma is, including understanding the differences between trauma as a concept and diagnosed conditions like Acute Stress Disorder and PTSD. - Understanding the impact of trauma, Adverse Childhood Experiences, and the principles of trauma informed practice from the NSW Mental Health Coordinating Council (MHCC) Trauma-Informed Care and Practice Organisational Toolkit (especially that staff are likely to have their own experiences of trauma). - Understanding why trauma is everyone's responsibility in the workplace, including non-clinical staff. - How to recognise trauma. Understanding how trauma impact on young people's behaviour, learning, emotions, sense of self. - Building compassion and empathy for young people/ others who have experienced trauma. Understanding the importance of including those with lived experience in all areas of service development and delivery. Include the wisdom of those with lived experience in the training. - Understanding cultural safety: respond to the needs of Aboriginal and Torres Strait Islander people. - Understanding and responding to the needs of neurodiverse children and young people. - Understanding and responding to the needs of diverse communities and individuals, including the unique trauma experience of LGBTIQA+ people. - Supporting the family, the people around the young person, and how to work alongside them to promote safety in the home for the young person. - How to recognise when supporting those who have experienced trauma have needs beyond the scope of the non-clinicians (working as a team, supporting warm referrals etc). - How to recognise, respond and support staff affected by trauma. - Understanding vicarious trauma and the impact of trauma on the self: including the importance of self-care and Self-Compassion.
Team Leaders/ Managers (junior- & middle-management)	- Defining what trauma is, including understanding the differences between trauma as a concept and diagnosed conditions like Acute Stress Disorder and PTSD. - Understanding the impact of trauma, Adverse Childhood Experiences, and the principles of trauma informed practice from the NSW Mental Health Coordinating Council (MHCC) Trauma-Informed Care and Practice Organisational Toolkit. Understanding that staff are likely to have their own experiences of trauma. - How to create and maintain safe and trauma informed organisations. How to recognise, respond and support staff affected by trauma. - How to embed trauma informed practice in policy and operations including a focus on inter-disciplinary practices, and peer work as a discipline. - How to prevent lateral violence and vicarious trauma in staff. - Understanding vicarious trauma and the impact of trauma on the self: including the importance of self-care and Self-Compassion.

	- How to build and support staff participation in a trauma informed Community of Practice across the youth mental health service sector (including building a trauma informed workforce).
Executives (senior management)	- Defining what trauma is, including understanding the differences between trauma as a concept and diagnosed conditions like Acute Stress Disorder and PTSD. - Understanding the impact of trauma, Adverse Childhood Experiences, and the principles of trauma informed practice from the NSW Mental Health Coordinating Council (MHCC) Trauma-Informed Care and Practice Organisational Toolkit. Understanding that staff are likely to have their own experiences of trauma. - Understanding vicarious trauma and the impact of trauma on the self: including the importance of self-care and Self-Compassion. - How to prevent lateral violence and vicarious trauma in staff & for the organisation as a whole. - How to recognise, respond and support staff affected by vicarious trauma. - How to create and maintain safe and trauma informed organisations / workforces including peer workers/ youth mental health services. - How to embed trauma informed practice in policy and operations, including a focus on inter-disciplinary practices, and peer work as a discipline. - How to create positive, seamless and safe service experience for young people, in own organisation and across the youth mental health service sector.

Theory of change statement

One of the goals of the Youth at Risk Project is to establish a Territory-Wide collaborative response for youth with complex trauma. Trauma informed practice is *a process of organisational change* that creates recovery environments for staff, children and young people, their families, friends, and allies. Trauma informed practice also has positive implications for reducing intergenerational trauma in the wider community as well, which is especially important for Aboriginal and Torres Strait Islander people, and people from culturally and racially marginalised backgrounds. Trauma informed practices benefit service users, staff, and the whole mental health system. A trauma informed organisation acknowledges that some of their staff may have lived through traumatic experiences or adverse childhood experiences, similar to those of service users. For programs to be safe for service users, they must also be safe for staff, with ethical practice and self-care strategies supported by management and workplace policies. Trauma Informed Practice is therefore not a training that can be delivered once-off or that only one part of an organisation is trained (for example the clinicians and not the managers and executives). It is about connecting a system to work together effectively, with young people in the center of all we do.

The program logic for the trauma informed practice training demonstrates the importance of a whole-of-system approach, and calls for a whole-of-system response to embed trauma informed practice. Therefore, the proposed training package is targeted to all levels of the organisation (clinical and non-clinical individuals, managers, and executives). It is an acknowledgement that change must occur in all levels to achieve the intended long-term outcomes listed above. Throughout the consultations and workshops, it is clear that while training for clinicians on trauma informed interventions are important, the primary content and outcomes of the training are: raising and promoting trauma awareness, language and education; supporting the application of trauma informed tools relevant to the individual's scope of practice; and enabling and maintaining cultural and organisational shifts towards being trauma informed. This means small steps to support staff in the organisations to create or transition into trauma informed practice across both operational and non-operational levels (e.g., policy and human resource).

The feedback from the consultations and workshops suggested a strong interest in a multi-phased training package delivered via a hybrid model (online and in-person), with a mixed format in delivery (including interactive sessions, workshops and situation studies). There is also a strong appetite for the training to include elements of assessments and practice. This was noted as a more effective way to assess whether the training has achieved its intended goals (medium- to long-term outcome). However, it is acknowledged that the Youth at Risk project has funding boundaries around the long-term provision of this training package. There is funding up to FY2025-2026. It is expected that ongoing funding (if required) would be sourced post-project to ensure sustainability of this training package.

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.

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