

# IMPLEMENTING TRAUMA-INFORMED PRACTICE IN ACT SPECIALIST HOMELESSNESS SERVICES PROJECT

REPORT BACK TO SPECIALIST  
HOMELESSNESS SERVICES AND  
INVITATION FOR FEEDBACK  
AND DISCUSSION



PREPARED FOR ACT SHELTER  
BY SARAH SPILLER AND REBECCA VASSAROTTI  
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ACT Shelter is an independent, not-for-profit organisation funded by the ACT Government to represent the interests of our members and provide strategic advice on systemic issues affecting housing consumers in the ACT. We provide an informed voice on policy issues that affect housing access and outcomes for people reliant on low – moderate incomes in the ACT.

Our objective is to make the case for changes to the 'housing system' in the ACT that deliver better housing outcomes for people on low to moderate incomes in all housing tenures – including people in 'marginal tenures' and homelessness accommodation.

*Collectively, we are Working Together for Housing Justice.*

**This project has been funded by ACT Government**



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# 1

## The project so far: Key findings and next steps

Based on a review of the research and engagement with the sector, this report outlines options and recommended next steps. We are now interested in testing these conclusions and recommendations with the ACT specialist homelessness sector prior to providing final advice to ACT Government. Sector representatives are invited to provide feedback on the ideas in this paper by contacting the consultants via ACT Shelter and participating in forums convened by Joint Pathways and ACT Shelter in September 2018. Key questions we are asking the sector to consider:

- Is it reasonable for organisations to commit to becoming more trauma aware over the medium term? Would your organisation sign up to a sector wide commitment?
- Would you support your staff to access baseline training if it was offered to the sector? What sort of resourcing should be dedicated to support this training?
- Would your organisation be interested in accessing resources and supervision arrangements to support staff developing more trauma informed ways of working?
- Would you support your staff participating in a community of practice?
- Would you support changes to contract reporting, to allow your organisation to report on what you are doing to strengthen your response to trauma?
- Would you use a reflective practice tool designed to help services map their current practice and changes over time?

### 1.1. High level findings

Most Specialist Homelessness Services (SHSs) in the ACT would like to be better able to assist people who have experienced trauma. The sector recognises the impact of trauma, and this is confirmed by the evidence base. Research commissioned by the sector in 2016 confirmed that almost all people who are homeless in the ACT have experienced trauma.<sup>1</sup> The sector is on the front line of responding to trauma, with the reality that many people using services have experienced complex trauma prior to becoming homeless, and homelessness is itself traumatic and increases the likelihood of traumatic experiences.

### 1.2. What is trauma-informed practice?

The project has provided a strong basis to understand trauma informed practice. Research confirms that trauma-informed practice is a strengths-based service delivery model that:

- Recognises and responds **to the impact of trauma**,
- Emphasises physical, psychological, and emotional **safety** for providers and survivors,
- Creates **opportunities** for survivors to **rebuild a sense of control and empowerment**,
- Anticipates and **avoids practices that are likely to re-traumatise** individuals who already have histories of trauma,

- Values and enables **service users to participate** in the development, delivery, and evaluation of services,
- Invests in **building organisational and staff awareness**, knowledge, and skills to support recovery,
- At a minimum, ensure that engagement does **no further harm** and **avoids re-traumatising** children, youth, or adults receiving services.<sup>2</sup>

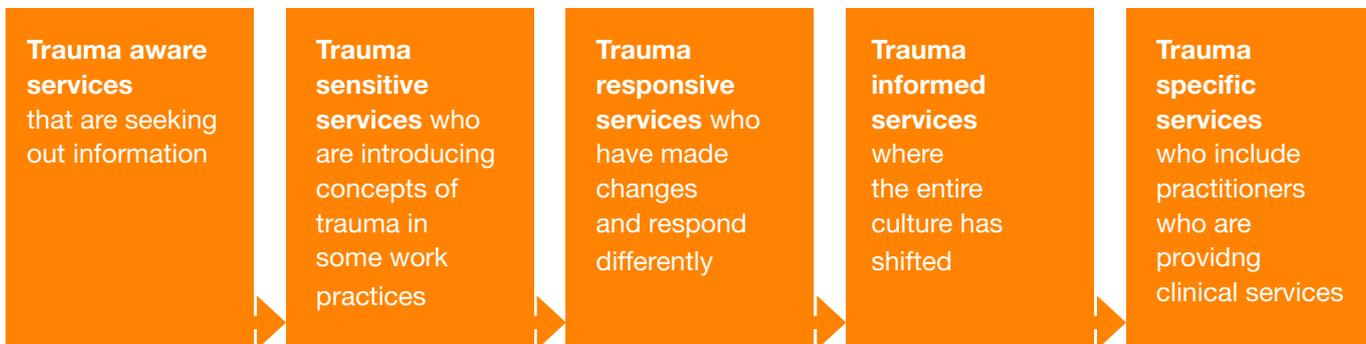
The evidence base suggests that a trauma-informed approach to human service delivery has the demonstrated potential to contribute to better experiences and outcomes for service users; and to support staff safety, retention and satisfaction.<sup>3</sup>

### 1.3. Proposed recommendations at a glance

The project has concluded that it is not feasible to become a fully **trauma-informed sector** within the ACT Government resource allocation to date. With additional investment and long-term commitment, it would be feasible for the sector to work towards a medium-term aspiration of becoming **trauma-sensitive** as a step toward becoming fully **trauma-informed**.

The current investment can support sector-wide work to become more **trauma aware**. This Options Paper makes recommendations to support the sector to work toward this goal over the next three years. The recommendations in the paper also support higher threshold services and those with more advanced practice to deepen their existing practice with the aim of becoming more **trauma-sensitive, trauma-responsive or trauma-informed**.<sup>4</sup>

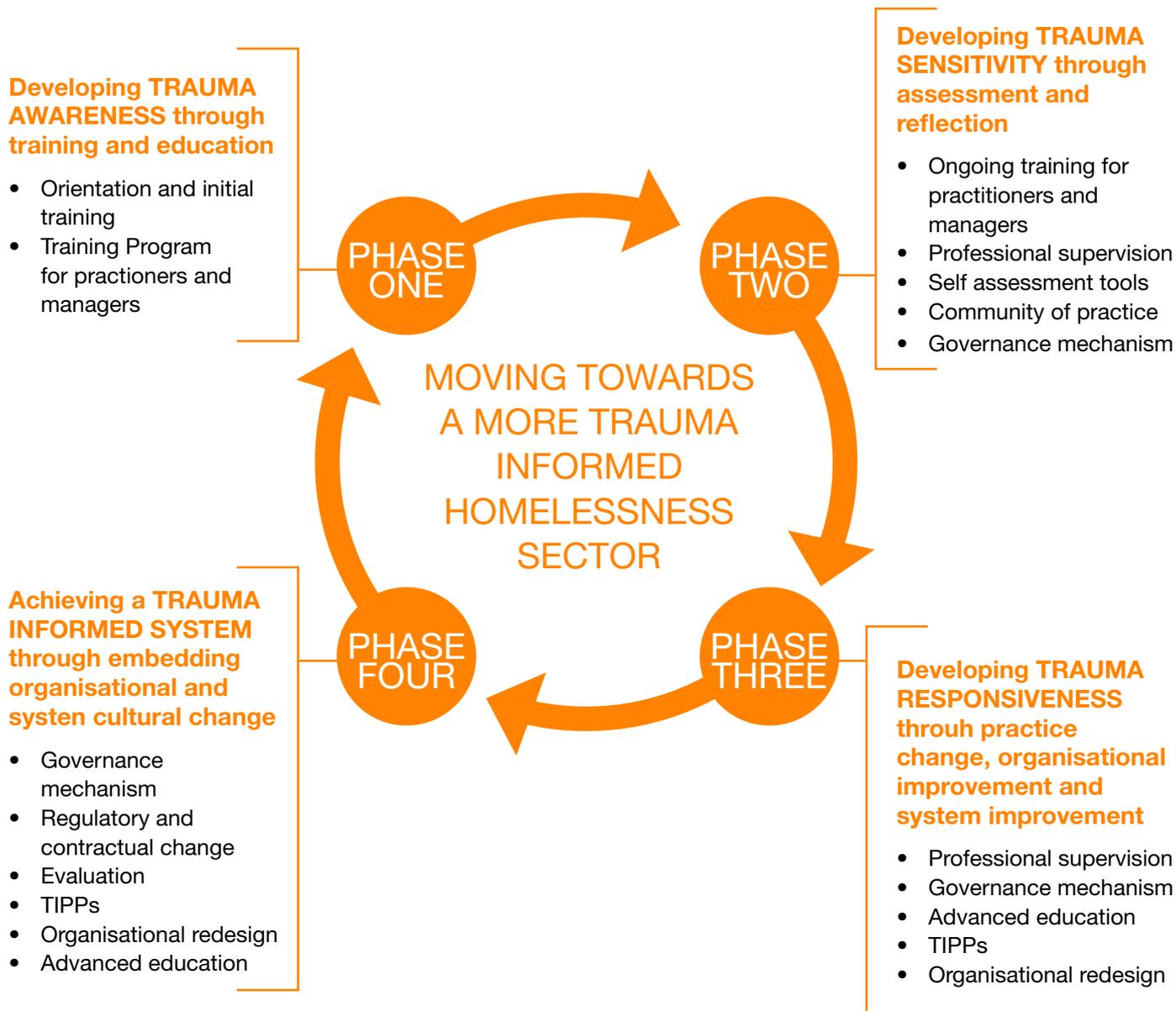
**Image 1: The spectrum of responding to trauma in a human services sub-system**



While the options paper recommends that a significant component of the investment be directed to training and development, this must be accompanied by other activities - such as regulatory reform (Rec. 8), community of practice (Rec. 4) and practical tools (Rec. 6) - that nurture evolving practice and system change.

The best medium to long-term return on investment will be achieved if the initial 2017/18 ACT Budget investment is supported by long-term commitment from funding agencies and the sector, and additional future funding investments. The diagram below indicates the work that is required to achieve sector-wide trauma-informed practice.

**Figure 2: Moving towards a more trauma informed homelessness sector**



While the sector should focus on developing trauma awareness (phase one), it is important to begin investment to support the sector to further deepen understanding and practice. Therefore, the report makes ten recommendations around ongoing work. The proposed allocation of funds from the initial investment for recommendations 1,2,3,4,6 and 10 creates a foundation for this necessary ongoing work.

### The ten proposed recommendations are:

1. Allocate funds through initial funding commitment to support the roll out of baseline sector-wide introductory training through engaging a single provider to provide this in a way that is accessible for a large number of staff across the sector. (Phase One)
2. Allocate funds through initial funding commitment to support advanced practitioner training for direct service workers and frontline managers, including allocation of funds to allow workers to be released to attend this training. (Phase One)
3. Allocate funds through initial funding commitment to establish a community of practice to support the sector to develop their practice in this area. (Phase Two)
4. Allocate funds through initial funding commitment to establish a joint arrangement for clinical supervision for practitioners that are developing trauma-informed practice and do not currently have access to this support. (Phase Two-Three)
5. Pilot a shared definition, statement of commitment and organisational reflective practice tool. (Phase Two)
6. Allocate funds through initial funding commitment to establish and resource a sector-led governance mechanism through Joint Pathways. (Phase Three)
7. Explore options to identify resources to establish a Trauma-Informed Practice Support Service (TIPPS), to support the sector's ongoing journey toward a system-wide trauma-informed approach over the medium to longer term. (Phase Three)
8. Explore ways that regulatory and reporting requirements can support the sector to become more trauma-aware. (Phase Four)
9. Build cross-sector and cross-Directorate linkages, to work towards a trauma-informed human services system. (Phase Four)
10. Allocate funds through initial funding commitment to externally evaluate this work. (Phase One-Four)

## 1.4. Next steps

ACT Shelter invites discussion and feedback on the Options presented here. Consultation will end in September 2018. Based on this process ACT Shelter, Joint Pathways and the Community Services Directorate will identify next steps for implementation.

# 2

## Background to the project

### 2.1. Background

This project is possible because the ACT Government has committed to “support people seeking housing who have a lived experience of trauma”.<sup>5</sup> The 2017/18 ACT Budget committed to developing “a system-wide trauma-informed approach to homelessness support services” as part of a broader commitment to SHS sector development.<sup>6</sup>

### 2.2. Options Paper

This Options Paper suggests practical ways to strengthen a *sector-wide* approach to trauma. The paper’s aim is to prompt sector feedback, in order to identify the best options to pursue over the next three years.

We invite comments and discussions on these options to assist in the finalisation of advice to Government around recommended action, funding and implementation.

### 2.3 How the options were developed

The options were identified through deliberative engagement with specialist homelessness services, sector networks and peak bodies, and representatives of organisations working in complementary human services sectors.

- A workshop was attended by more than 30 people on May 24, 2018.
- Representatives of approximately 80 per cent of the ACT’s specialist homelessness services completed a survey in May and June 2018.
- Conversations and interviews took place with representatives of 20 organisations including specialist homelessness services, complementary human services, training providers and peak organisations.
- Joint Pathways members provided advice, guidance and input through the Joint Pathways Members and Executive Committee meetings.

The Options Paper also draws on a literature review and a scan of training and capacity development resources.

This work was commissioned by ACT Shelter in partnership with Joint Pathways, with funding from the ACT Government Community Services Directorate. The work was conducted in May and June 2018.

# 3

## Key learnings from research and engagement

### Key messages

- ACT specialist homelessness services have a high degree of interest in pursuing a sector-wide trauma-informed approach.
- Services hold reasonable concerns about the level of investment required at a system, organisational and practitioner level.
- While there is near-universal recognition of the value of a trauma-informed approach, services have diverse capacity to respond to the need to strengthen practice in this area.
- ACT specialist homelessness services use practice principles that are consistent with a trauma-informed approach. However, there is a wide spectrum of current engagement with this approach.
- There are significant systemic barriers to delivering a trauma-informed approach, and services acknowledge that some organisational practices may be inconsistent with a trauma-informed approach.
- There is considerable apprehension that the sector-wide transition to a trauma-informed approach will not be adequately resourced and will consequently not deliver the potential benefits of this approach.

### 3.1. What does recent research tell us?

Nationally, there is growing interest in trauma-informed approaches across all human services sub-sectors. Recent Australian research has confirmed that trauma-informed approaches are more likely to succeed when services and sectors:

- Invest in reflective practice and implementation monitoring;<sup>7</sup>
- Develop strong relationships with, and referral pathways to, trauma-specific services;
- Have a shared understanding of the concepts of trauma and trauma-informed practice;
- Involve service users in evaluation, planning and governance;
- Invest in peer-run models;
- Coordinate multiple interventions; and
- Establish clear governance structures when more than one organisation is involved in delivering services in partnership.<sup>8</sup>

Although trauma-informed practice is ultimately intended to change how human service *systems* operate, most innovation and investment in this area occurs within organisations rather than being sector or system-led. In the ACT as nationally, one exception is the systems-level reform of home-of-home care for children and young people. The recent experience of the ACT out-of-home care system confirms that there are some specific challenges for sector and system-led reform. These include:

- Reforms often underestimate the time it takes for organisations to develop trust and collaborative ways of working.
- It is essential that resourcing reflects the true scale of community need and demand for services.
- There is no accepted methodology for evaluating sector or systems-level change, but there are tried and tested approaches to organisational self-assessment that offer a path for evaluation and reflective practice.<sup>9</sup>

Some trauma-informed approaches<sup>10</sup> require workers to have specific skills and knowledge related to trauma and recovery. This raises a question: to what extent do homelessness practitioners working in trauma-informed organisations require a professional background or training in therapeutic skills?<sup>11</sup> The best advice remains that **trauma-informed practice must be accessible** to non-trauma specialist services and their staff.<sup>12</sup> However, services and practitioners can be supported to build their knowledge and skills to provide a therapeutic approach to homelessness service delivery.

## 3.2. What does the ACT homelessness sector think about trauma informed practice?

### Key messages

- ACT SHS organisations have diverse levels of engagement with trauma-informed practice.
- Services have a high level of interest in learning more about trauma-informed practice.
- Services are developing knowledge and practice but capacity to do this is varied.

#### 3.2.1. There is strong interest in trauma-informed practice

Consistent with the situation across Australia and in all human service areas, ACT specialist homelessness services have a growing interest in trauma-informed practice. The majority of survey respondents (96%) reported that they were interested in learning more about trauma-informed practice, and more than half (almost 70%) had attended trauma-informed practice training.

These findings reflect near-universal feedback from specialist homelessness services that trauma-informed practice is important. However, services have diverse levels of capacity to act on this awareness; and their recognition of the value of trauma-informed practice is balanced by their awareness that the resourcing requirements for this work are significant.

#### 3.2.2. Services have varied levels of engagement

While a majority of ACT homelessness services have some engagement with trauma-informed practice, the depth of this engagement varies. Although 90% of survey respondents reported that their organisation was seeking to engage with trauma-informed practice, the single largest group of respondents (41%) judged that their organisation had introduced concepts of trauma into “some practices.” Fewer (22%) reported that their organisations had made “significant changes” to their work.

Similarly, workshop participants indicated that their organisations’ practice ranged from “unaware of trauma” to “trauma-informed”. A majority of participants indicated that they would rate their organisation’s practice as either “trauma aware” or “trauma sensitive”.

This information suggests that while practice varies widely, more organisations are *beginning* to introduce trauma-informed practice than assess themselves as having *established* practice in this area.

### 3.2.3. Specialist homelessness services want to strengthen their practice

Across the SHS sector there is a near-universal perception that trauma-informed practice is valuable. A majority of survey respondents (93%) were of the view that trauma-informed practice either had “many useful elements” (33%) or that all organisations should be introducing a “fully integrated” trauma-informed approach (60%). The survey also indicates strong support for a sector-wide approach, and a perception that this work is feasible.

### 3.2.4. There is a recognition that we can we learn from other human service sectors and homelessness services that are introducing trauma-informed practice

ACT human services organisations that have implemented aspects of trauma-informed practice have found that:

- Staff at all levels require a shared understanding of trauma and trauma-informed practice training can help to build this.
- Trauma-informed practice demands strong collaboration with other services and a consistent approach across services and sectors.
- It takes time and leadership to implement trauma-informed practice, particularly in collaboration with other agencies.
- Robust implementation requires review and usually changes to governance, policies, procedures and practice; and may well identify unexpected areas that require action.

These findings are consistent with learning from the rapid literature review.

#### PRACTICE VIGNETTE: CONSISTENCY IS KEY TO TRAUMA-INFORMED PRACTICE.

As a service with a feminist philosophy **Toora Women** recognises that most of the women the organisation supports have experienced complex trauma. As a result the organisation delivers a wrap-around approach to trauma-informed case management that aims to empower women.<sup>13</sup> For much of its history Toora has specialised in the provision of accommodation and support for single women. However in the last two years, Toora has also begun to provide accommodation and support to women with children who are homeless, including longer-term housing as well as short-term supported accommodation.

This recent expansion of services prompted Toora to engage an ACT-based psychologist with specific expertise in trauma and recovery to provide staff training in trauma-informed practice. This training was specifically designed to ensure the service and practitioners had the skills and knowledge required to respond to the needs of families and children.

Practitioners value taking the time to establish and build a relationship in which service users feel safe to disclose trauma. Toora’s staff team includes a number of workers who have been with the organisation for many years, and this continuity is important in building a consistent approach to trauma-informed practice.

While Toora has a strong grounding in trauma-informed practice, the organisation would welcome more time and practical support to embed and reflect this in organisational policies and governance. Toora workers would also welcome common, high quality core training across the SHS sector, which could support services to provide a consistent and collaborative approach.

## PRACTICE VIGNETTE: A TRAUMA-INFORMED APPROACH CAN SUPPORT POSITIVE PRACTICE AND POLICY CHANGES.

**Northside Community Services** has committed to deepening its practice in relation to trauma-informed care. In late 2017 Northside invested in training for staff across its Community Services and Children's Services portfolios. This training was provided by an NSW based independent consultant with particular expertise in trauma-informed responses to children.

Attending training gave the Housing First team a new framework for familiar practice principles, such as striving to be non-judgmental and collaborating with service users. Training provided practitioners with a new understanding of the impact trauma can have on the brain and its development. Workers feel they are now more attuned to clients' readiness to accept services or make changes in their lives, and better able to monitor their own emotional responses and stress level, and recognise vicarious trauma.

Northside recognises that for trauma-informed practice to be more strongly embedded, training will need to be rolled out across the organisation. The organisation is also reviewing its various assessment and intake processes with the aim of developing a common process and common tools that are benchmarked against good practice in comparable organisations.

### 3.2.5. The sector recognises the challenges of implementing a sector wide strategy

Specialist homelessness services hold reasonably high levels of concern regarding the level of resourcing required to support the introduction of trauma-informed practice. They are also keenly aware of the organisational and systemic barriers that limit their ability to provide trauma-informed responses. For example, survey respondents reported that:

*"We are trauma-informed in our own practice with women and children, but specialist clinical services are simply not available. The funding for these services is not there."*

In recognition of these barriers, some participants in consultation thought that the homelessness sector should aim to be "trauma aware" and to focus on avoiding further harm to people using services. For example, one survey respondent said:

*"It's about ensuring that the terminology and practices of an organisation do not re-traumatise a person."*

Sector consultation also identified strategies to respond to implementation challenges. The table below sets these out.

**Table 1: Implementation challenges and suggested strategies**

Implementation/practice challenge	Proposed strategy
<p>There is a tension regarding whether the language of trauma-informed practice is appropriate outside of therapeutic settings.</p>	<p>Trauma-informed practice must remain accessible for all human services, and for practitioners who are not trauma specialists.</p> <p>Many SHS practitioners would like to have additional skills and strategies to support recovery and healing, and to respond to underlying trauma that may impede people’s ability to engage with services.</p> <p>Participants in this project would welcome a sector-wide approach in which selected practitioners have opportunities to develop advanced therapeutic skills and knowledge, within their scope of practice.</p>
<p>The sector is concerned that there may not be a long-term commitment to this approach.</p>	<p>A clear indication of the ACT Government’s future planning and commitment in this area is required.</p> <p>Investment and support is required at a systems, organisational and practitioner level.</p>
<p>A minority of services perceive that this approach may not offer anything new or different to their current practice.</p>	<p>There is considerable complementarity between trauma-informed practice and the practice principles services strive to deliver now. Services embark on this work from a strong foundation.</p> <p>Understanding trauma can provide a new framework for familiar practices.</p> <p>Services will require training and support to introduce this approach.</p>
<p>SHS organisations have a wide spectrum of engagement with trauma-informed practice.</p>	<p>The SHS sector is diverse and it is likely that there will continue to be a variety of levels of engagement with trauma-informed practice over time.</p> <p>There is an opportunity to build a sector-wide baseline of trauma-aware practice, with support for higher threshold services to deepen their existing practice.</p> <p>There are identified organisational and practitioner champions with the capacity to support sector-wide work in this area.</p> <p>A ‘continuum approach’ (from trauma aware to trauma-informed) allows services to be at different places in terms of their engagement and aspirations.</p>
<p>Systemic barriers limit the opportunity to deliver a trauma-informed approach. These barriers include:</p> <ul style="list-style-type: none"> <li>• Inflexible service models and contract requirements that focus on crisis intervention rather than longer term work.</li> <li>• For many service users, lack of safe affordable housing on ‘exit’ from homelessness.</li> <li>• Poorly developed cross-sector or cross-organisational collaboration.</li> <li>• An inconsistent approach to trauma-informed practice across services/sectors.</li> <li>• Lack of access to trauma-specific services.</li> </ul>	<p>ACT Government and the sector collaborate to identify and address systemic barriers including by:</p> <ul style="list-style-type: none"> <li>• Reviewing and improving contractual arrangements and regulatory requirements over the medium term.</li> <li>• Working to strengthen cross-organisational and cross-sector collaboration.</li> <li>• Improving access to specialist clinical/therapeutic trauma recovery services.</li> </ul>
<p>Practitioners and organisational perceptions of what constitutes trauma-informed practice do not always align with the accepted understanding set out in the research base and in recognised good practice.</p>	<p>Building a common understanding of trauma and trauma-informed practice is a priority.</p>
<p>A trauma-informed approach could be intrusive for service users who do not want to engage around past trauma.</p>	<p>Training and capacity development should address this concern and offer practical strategies for providing support in ways that match service users’ preferences and priorities.</p> <p>If future consideration is given to developing trauma screening or assessment tools, this work should be mindful that effective approaches to trauma screening and assessment respond sensitively to service users’ own priorities (e.g. trauma assessment and referral are more likely to be accepted once the immediate crisis situation is resolved).<sup>14</sup></p>

### 3.3. Learnings from the training and development scan

#### Key messages

- Significant trauma-informed practice training offerings are being provided to human services staff in the ACT, and participants report that these are valuable.
- A range of training modes are being offered, with the most common being small group face-to-face training.
- These training offerings are generally one-off, and are provided by several different providers.

A relatively high number of organisations provide trauma-informed training in the ACT. Training is rolling out in the child, youth and family sector, mental health sector, domestic and family violence sector and in community health services.

The timing and scope of the project did not allow for a comprehensive analysis of the quality of current training offerings but some reflections that can be made include:

- Current training does not appear to be well connected, with offerings (often one-off) provided by a range of organisations;
- Providers operating in this space appear to have strong expertise in the area, and are well respected in their field;
- Some staff of SHS organisations have undertaken introductory training in trauma-informed practice in recent years;
- A small number SHS organisations with capacity to do so have invested in trauma-informed practice training or mentoring for their staff;
- While most training and consulting providers are based outside the ACT, there are local trainers and people with specialist therapeutic skills in trauma and recovery.

The most common delivery mode for training in the ACT is face-to-face small group training over one or two days. However, organisations active in this area deliver diverse training models including online and blended learning, consultancy approaches to support quality improvement, and train-the-trainer and licensing arrangements. Vocational training and higher education providers in the ACT also offer pathways to qualifications related to trauma and recovery, however at present there are few opportunities to specialise in the intersection of trauma, recovery and homelessness.

This review suggests that there may be some training and development packages that could be adapted and rolled out for the SHS sector, however “off the shelf” training products would need to be tailored to the specific situation of the ACT SHS sector. There is also opportunity to explore intersections in training needs between the SHS sector and other human services sub-sectors. In addition there are opportunities to better integrate workplace training into accredited training and education pathways.

#### **PRACTICE VIGNETTE: TRAINING CAN SUPPORT PRACTITIONERS TO RESPOND TO DISCLOSURES.**

Over the last four years mental health agency Wellways has implemented a train-the-trainer approach as part of a broader strategy to improve how the organisation responds to trauma. Around 15 to 20 staff were trained to facilitate a two day introductory training course that covered the facts related to trauma, prevalence, safety and vicarious trauma and self-care, and the challenges associated with putting trauma-informed concepts into practice. This training was first provided to executives and managers, to ensure that staff in senior leadership roles could support and promote the initiative. In Wellways’ two-trainer model, one trainer is a staff member and the other is a person with lived experience who brings an essential consumer perspective to the content. Group size is kept deliberately small at around 10 participants in order to support safety. Training is compulsory for all staff and is provided two or three times per year. Follow-up training is provided six to eight weeks after the initial training, to discuss practice challenges and embed core concepts. Wellways is currently in the process of reducing the length of the training from two days to 1.5 days.

One important consequence of the organisation’s focus on trauma-informed practice is that more service users now disclose trauma for the first time. This change reflects that workers are more ready to hear about service users’ experiences of trauma, more able to judge when people may wish to disclose, and more confident that they will know how to respond appropriately to disclosure.

# 4

## Recommendations

This project has highlighted the value of a whole of ecosystem approach that supports **practitioners, organisations and the sector** to implement a trauma-informed approach. As part of this approach, investment in training and development must be complemented by other measures that together can assist the sector to become more trauma aware.

### 4.1 Making a Significant Investment in Phase One: Developing Trauma Awareness

#### RECOMMENDATION ONE:

Use funds allocated through the initial funding allocation to support the roll out introductory training over an 18-24 month period. A select tender process should explore the potential for this training to be offered on an online platform.

#### RECOMMENDATION TWO:

Select a single provider to deliver advanced training for direct workers, supervisors and team leaders on a face-to-face basis over a two year period, using funds allocated through the initial funding investment.

**To support these recommendations, establish a fund to enable staff to be released to attend training.**

#### Baseline training

Introductory training should be rolled out for staff across the sector. There is a sound rationale to explore online training models if a provider can be identified that offers a cost-effective product. The benefits of this approach are that it should be able to deliver economies of scale and allow a larger number of staff to engage at a time and pace that is manageable in the context of ongoing work pressures.

This training should aim to deliver a consistent understanding of **trauma awareness** across the sector. There should be content that specifically targets the issues faced in the homelessness sector, and specific content to support supervisors and team leaders working with staff to increase their level of understanding around trauma awareness.

Participants should be required to have contact time of at least seven hours, with flexibility around the mode of engagement and how this would be delivered. A target of a minimum of 150 participants should be built into the delivery of this recommendation.

If online training is not cost effective and face-to-face delivery is required, it is also proposed that a fund is established so that organisations can apply for financial support to enable staff to participate in training. This should be overseen by an independent body (potentially ACT Shelter or Joint Pathways) and should be primarily focused on supporting smaller agencies to access training.

### Advanced practitioner training to develop trauma aware practice

This training would support participants to develop a deeper understanding of trauma-aware practice. It should be designed to support **trauma-sensitive to trauma-responsive practice** by direct practitioners and provide specific content for supervisors and team leaders. Training offerings should aim to engage with participants over a number of sessions, with flexibility around how these are delivered.

A target of at a minimum of 75 participants should be built into the delivery of this recommendation.

It is also proposed that a fund be established to enable organisations to apply for support to enable staff to participate in training. This should be overseen by an independent body (potentially ACT Shelter or Joint Pathways) and should be primarily focused on supporting smaller agencies to access training.

While many ACT SHSs indicate a strong appetite for training in trauma-informed practice, this is balanced by their recognition that training alone does not lead to change. As such, it is important that this training is seen as a first step, to assist organisations to commence their journey toward becoming more trauma-aware.

## 4.2. Establishing a community of practice to enable engagement of practitioners to develop trauma sensitivity (phase two)

### RECOMMENDATION THREE:

Utilizing funds provided through the initial investment, establish and resource a community of practice to share learning and build momentum across the sector.

It is proposed that funds be allocated to support practice leaders from one or two SHS organisations to lead and coordinate this work, by funding their time away from other tasks. It is suggested that Joint Pathways seek expressions of interest to participate in the community of practice and from organisations wanting to take the role of practice leads. If there is sufficient interest in the practice lead role/s, there may be opportunity to create a rotating term (e.g. six months to one year). The allocated funds also support an organisation to provide secretariat support to the community of practice (e.g. Joint Pathways or ACT Shelter).

## 4.3 Providing tailored support for practitioners that are committed to developing trauma sensitivity and awareness (phase two-phase three)

### RECOMMENDATION FOUR:

Utilizing funds provided through the initial investment, establish a joint arrangement for clinical supervision and advice for therapeutic workers that are developing trauma-informed practice and do not have access to this support.

While a number of SHS organisations have put in place external supervision to support practitioners to work through complexity and to manage vicarious trauma, this is not a standard practice across the sector. Smaller organisations in particular identify barriers in relation to cost and an inability to reach economies of scale in contracting arrangements due to small work forces. It is proposed that a shared centralised panel is supported to enable economy of scale, to provide certainty for providers working in this space and to improve access to practitioners that have committed to developing this form of therapeutic practice.

This initiative aims to provide specialist therapeutic advice to practitioners and organisations that are responding to people with complex trauma presentation. It is particularly designed to ensure sector-wide access to support of this kind. It is proposed that the allocated funds will engage panel members on a retainer basis, with organisations contributing on a 'user-pays' basis through a cost-sharing arrangement. It is suggested that Joint Pathways oversee a select tender process to identify preferred providers.

## 4.4. Tools and Resources (phase two-phase three)

### RECOMMENDATION FIVE:

Pilot practical tools and resources tailored to the ACT SHS sector.

This project has developed the following tools:

- An organisational reflective practice tool, that allows organisations to identify their current level of engagement with trauma-informed practice and supports realistic goal setting;
- A draft definition and statement of commitment to a trauma-sensitive approach, to support a shared sector-wide understanding of trauma-informed practice and a sector-wide commitment related to responding to trauma.

SHS organisations are invited to test these tools to September 2018. They will be available for services to use when the project is complete.

It is recommended that the sector, through existing forums for networking and decision-making, reach a consensus commitment to become **trauma-sensitive** over time. This would not preclude higher threshold services from committing to becoming trauma-responsive or trauma-informed. However, it is recommended that sector-wide **trauma-awareness** is an important and feasible interim aim for the term of the current ACT Government investment.

## 4.5. Establishing infrastructure to support a sector wide approach (phase three)

### RECOMMENDATION SIX:

Establish and resource a sector-led governance mechanism as part of Joint Pathways, providing some funds to support this to operate through the initial investment.

It is recommended that this mechanism take the form of a sub-committee of Joint Pathways responsible for leading the process and building connections with complementary human services sectors and ACT Government agencies in relation to pursuing future opportunities for trauma-informed practice. The aim is to provide a mechanism for sustained commitment and leadership around the roll-out of trauma-informed practice. Resourcing should at a minimum include Secretariat support.

## 4.6. Identify resources to establish new support services to promote and progress sector-wide trauma-informed practice over the medium term (phase three)

### RECOMMENDATION SEVEN:

Explore options to source funds and resources to establish a Trauma-Informed Practice Support Service (TIPPS) to support the sector's journey toward a system-wide trauma-informed approach.

It is recommended that the ACT Government Community Services Directorate, and the specialist homelessness sector, work jointly to identify resources to establish a Trauma-Informed Practice Support Service (TIPPS). The TIPPS would build on the measures implemented through the 2017/18 ACT Budget allocation by providing ongoing **quality improvement support, orientation and education in trauma-informed practice, an evaluation function, and provision of specialist therapeutic advice.**

The intention of the TIPPS is to provide ongoing support to assist practitioners, organisations and the sector to translate their commitment to trauma-informed practice into practical changes in how work is done over time, in diverse organisational contexts.

A key initial task will be to identify the resources for this ongoing service, which is estimated to require approximately \$400k per annum. This could be the subject of a future budget initiative.

## 4.7. Explore opportunities to embed trauma-informed approaches through regulatory reform (phase four)

### RECOMMENDATION EIGHT:

Explore opportunities to introduce sector wide quality improvement processes that emphasise progress towards trauma-informed practice.

This work is important to ensure the longevity and sustainability of a sector-wide transition to trauma-informed practice. One initial option is to assess the value of replacing the *Raising the Standard* reporting requirement with a requirement to report against delivery of trauma-informed practice. While some services would welcome opportunities to document and demonstrate the value of their trauma-informed practice, there is also concern about the demands of existing administrative, compliance and reporting requirements and some wariness that trauma-informed practice may become yet another area that services are required to report on.

As an initial step changes could be made to Schedule 2 contract reporting requirements so that services could provide evidence of trauma aware service delivery. Services are invited to provide feedback on this option.

## 4.8. Build cross-sector and cross-Directorate linkages (phase four)

### **RECOMMENDATION NINE:**

Identify and pursue opportunities to build cross-sector and cross-Directorate linkages, to work towards a trauma-informed human services system.

Recommendations One to Seven provide an infrastructure for the SHS sector to engage with other sectors and sub-sectors that are moving in the direction of trauma-informed practice. In particular, Recommendation Five provides the SHS sub-sector with a governance mechanism to support cross-sector liaison and learning. The community of practice (Recommendation Four) provides an opportunity to invite organisations from other sectors and sub-sectors to build a common understanding and address shared implementation challenges.

Significant work related to trauma-informed practice is occurring across the ACT Government including through the Step Up for Our Kids reforms, the Early Intervention By Design project and work through the Human Services Cluster. It is recommended that ACT Housing and the SHS sub-sector work collaboratively, including through Joint Pathways, to identify opportunities to involve other areas of ACT Government in developing a consistent approach to trauma-informed human service delivery in the ACT. Engaging ACT Health and the Justice and Community Safety Directorate in this work is particularly important. There may also be opportunities to promote trauma-aware practice through the Community Services Industry Strategy.

## 4.9. Evaluation (phase four)

### **RECOMMENDATION TEN:**

Externally evaluate the success of initiatives undertaken between 2018 and 2021, utilizing funds provided through the initial investment.

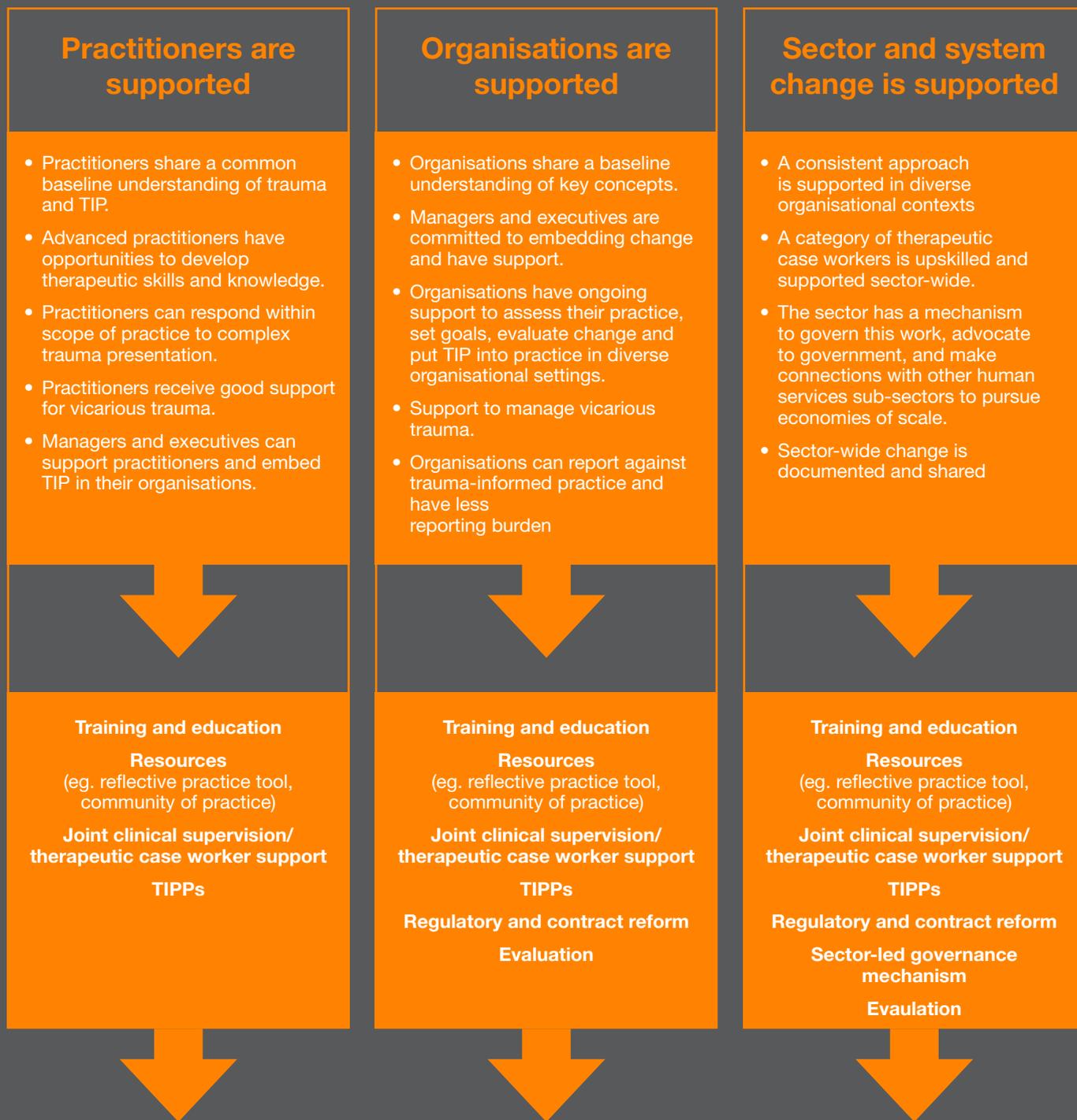
The sector's intent to progress towards more trauma-informed approaches is significant and will require resources and commitment from organisations, sector leaders and the ACT Government as the key funder and partner for this work. Given this, it is essential that resources are identified for evaluation. This project has produced an Evaluation Framework to guide this work.

# 5

## Conclusions

ACT specialist homelessness services would like to strengthen their response to people who have experienced trauma. The sector’s priorities for implementation are: a tiered approach to training and development that builds on a shared foundation of core knowledge and skills; access to ongoing therapeutic assistance and advice to respond to practice challenges; practical tools to embed trauma-informed practice; opportunities to share learning and support champions; a mechanism for the sector to govern its own work in this area, and regulatory reform.

The recommendations in this report aim to support the sector to become more trauma-aware. This is a valuable starting point for a longer process of working toward becoming a trauma-informed sector. The options provide support to practitioners and services to deepen their practice whatever level of engagement they currently have with issues of trauma, and also provide a basis and a framework for collaborative work and investment-seeking over the medium term with the aim of creating appropriate ongoing structures to support the sector’s aspiration to become fully trauma-informed over time. Image 8 (overleaf) shows the relationship between the recommended options and their desired outcomes.



### Anticipated outcome over the term of the current investment

Noting that the TIPPs is outside the scope of the current ACT Government investment, the initial anticipated outcome is a trauma-aware specialist homelessness sector, in which all services receive support to strengthen their existing practice and to build a consistent understanding and approach across the sector.

**Anticipated medium-term outcome:** Together these initiatives (funded and unfunded) **support a trauma-sensitive specialist homelessness sector**, in which higher threshold services have adequate support to work toward trauma-responsive or trauma-informed practice. ACT SHS services are recognised as professional, skilled, supporting service user and staff safety, and contributing to recovery and healing.



## Endnotes

- 1 **Vassarotti, R. May 2016.** *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report Four, Where to from here: reflections on findings from research project regarding service system responses to trauma.* **Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.**  
**Vassarotti, R. May 2016.** *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report Three. Review of ACT Government approaches to trauma-informed care.* **Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.**  
**Vassarotti, R. May 2016.** *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report Two, Review of available ACT specific data about homelessness.* **Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.**  
**Vassarotti, R. May 2016.** *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report One. Trauma-informed care in the homelessness sector – research and lessons.* **Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.**
- 2 Adapted from Elizabeth K. Hopper, Ellen L. Bassuk, and Jeffrey Olivet. 2010. *Shelter from the Storm: Trauma-informed Care in Homelessness Services.* The Open Health Services and Policy Journal, 2010, 3, 80-100
- 3 Hopper, E, L Bassuk, and J Olivet. 2010. *Shelter from the Storm: Trauma-informed Care in Homelessness Services.* The Open Health Services and Policy Journal, 2010, 3, 80-100.
- 4 This Paper draws on Antonia Quadara’s 2015 adaption of Mieseler and Meyer’s (2013) continuum of actions required to become more trauma-informed: this typology moves from trauma-aware through trauma-sensitive, trauma-responsive and trauma-informed. It is described in more detail in Appendix 1 and operationalised in the proposed Learning and Development Framework (Resource 1) and the reflective practice tools (Resource 2).
- 5 Parliamentary Agreement for the 9<sup>th</sup> Legislative Assembly for the Australian Capital Territory, October 30 2016. Accessed 23/06/2018 at: <https://conservationcouncil.org.au/wp-content/uploads/2016/10/Parliamentary-Agreement-for-9th-Legislative-Assembly-for-ACT.pdf>
- 6 Australian Capital Territory Budget 2017-18. *Budget Statements G, Community Services Directorate, ACT Housing.* ACT Government, Canberra. See page 32.
- 7 Hegarty K, Tarzia L, Rees S, Fooks A, Forsdike K, Woodlock D, Simpson L, McCormack C and Amaanatidis S. May 2017. *Women’s input into a trauma-informed systems model of care in health settings (the WITH study), Final Report.* Australia’s National Research Organisation for Women’s Safety (ANROWS), ANROWS Horizons series, no. 2/2017

- 8 Quadara, A and Hunter, C. 2016. *Principles of trauma-informed approaches to sexual abuse: A discussion paper*. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.
- 9 See Quadara and Hunter. 2016. (See Note 5), and also Hegarty et al. 2017 (See Note 7).
- 10 For example, Therapeutic Residential Care for young people in out of home care.
- 11 Quadara, A and Hunter, C. 2016. *Principles of trauma-informed approaches to sexual abuse: A discussion paper*. See Note 5.
- 12 Wall L, Higgins D and C Hunter, February 2016. *Trauma-informed care in child and family welfare services*. Child Family Community Australia, Paper No. 27. Australian Institute of Health and Welfare, Canberra.
- See also: Quadara, A and Hunter, C. 2016. *Principles of trauma-informed approaches to sexual abuse: A discussion paper*. See Note 10.
- 13 Toora Women. *Toora Women - Past and Present*. Accessed 23/06/2018 at: <<http://www.toora.org.au/past-and-present.html>>
- 14 Vassarotti, R. May 2016. *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report Four*. See Note 1.
- 15 See Quadara and Hunter. 2016. (See Note 5), and also Hegarty et al. 2017 (See Note 7).
- 16 For example, Therapeutic Residential Care for young people in out of home care.
- 17 Quadara, A and Hunter, C. 2016. *Principles of trauma-informed approaches to sexual abuse: A discussion paper*. See Note 5.
- 18 Wall L, Higgins D and C Hunter, February 2016. *Trauma-informed care in child and family welfare services*. Child Family Community Australia, Paper No. 27. Australian Institute of Health and Welfare, Canberra.
- See also: Quadara, A and Hunter, C. 2016. *Principles of trauma-informed approaches to sexual abuse: A discussion paper*. See Note 10.
- 19 **Vassarotti, R. May 2016. *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report Four, Where to from here: reflections on findings from research project regarding service system responses to trauma. Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.***
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- Vassarotti, R. May 2016. *Service System Responses to Trauma: Addressing Housing Instability and Homelessness, Report One. Trauma-informed care in the homelessness sector – research and lessons. Paper prepared for the homelessness consortium: ACT Council of Social Service, ACT Shelter, Youth Coalition of the ACT and the Women’s Centre for Health Matters.***

