TICP SCOPING REVIEW

Overview and recommendations for organisational implementation of trauma-informed care and practice in community-managed organisations

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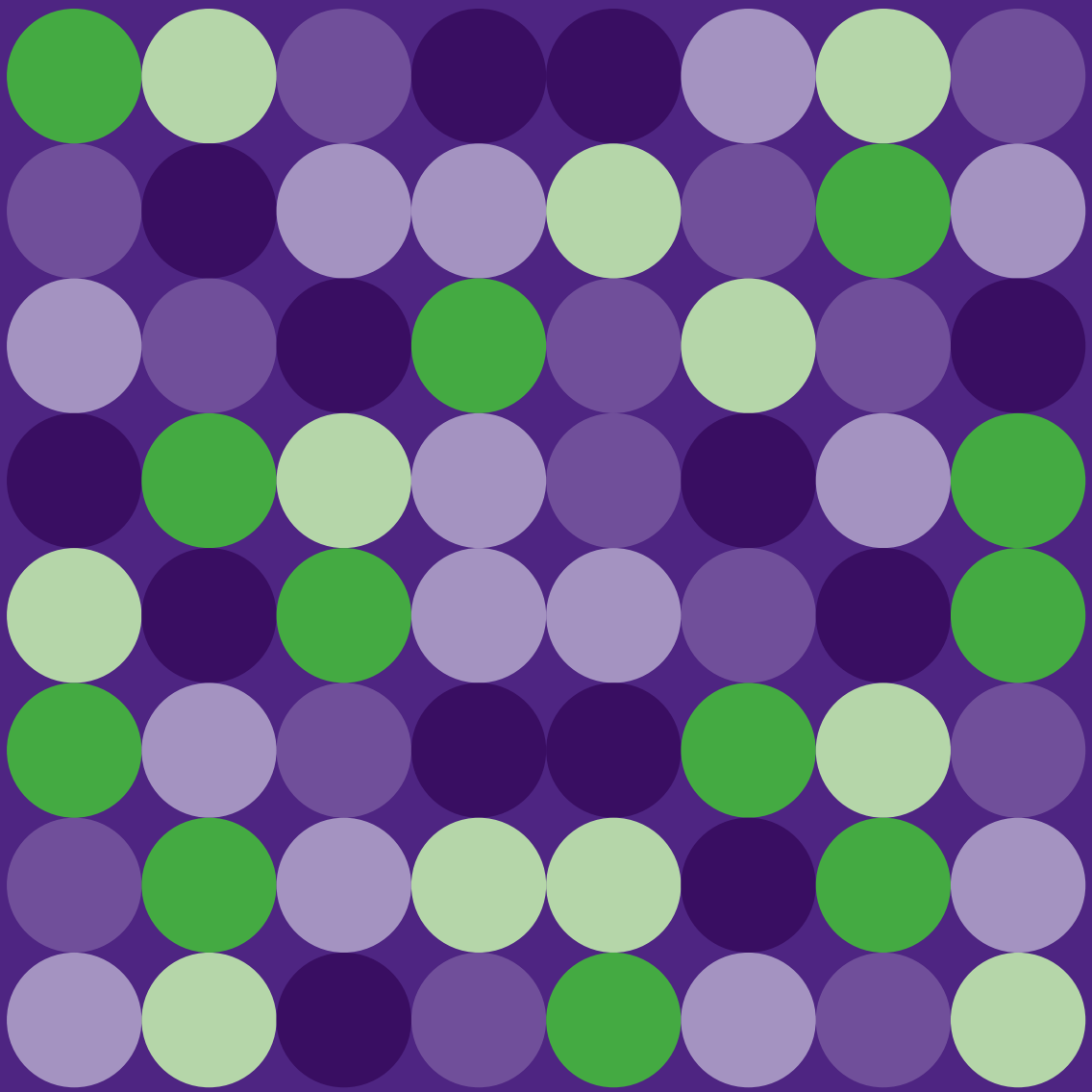

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EXECUTIVE SUMMARY

The Trauma-Informed Care and Practice Organisational Toolkit (TICPOT) was originally developed by MHCC in 2015 and revised in 2018 as a quality improvement resource to support organisational change.

The toolkit, and in particular its six-domain audit tool, has been widely accessed across Australia and internationally by organisations operating in both mental health and human services contexts. It provides a guide to self-audit and implementation, to support organisations in embedding trauma-informed care and practice (TICP) and has been used variably depending on the size and complexity of an organisation. TICPOT has become a leading and dynamic best practice resource assisting community-managed organisations (CMOs) to align to the principles of trauma-informed care.

This scoping review was undertaken to inform the next iteration of TICP resources. It aimed to identify what components of the existing resources remain valuable and relevant for supporting the CMO sector. It also set out to assess areas for refinement by drawing on the latest evidence, practice wisdom, and sector insights to ensure that resources remain relevant, beneficial, and tailored to the unique needs of the CMO sector in NSW.

A scoping of the academic and grey literature was conducted, and an increased and evolving understanding of trauma was identified. There is a greater awareness of the relationship between trauma, physical and mental health, and a shift in psychiatric diagnoses to better capture new understandings of complex trauma, with likely implications for service usage. There remain diverse understandings of trauma to accommodate the recognition of systemic approaches to responding to and preventing trauma. There has been increased recognition of the need for localised approaches to TICP, as well as organisational approaches and proactive implementation.

There is also increased understanding of the barriers and facilitators to TICP implementation, alongside recognition of organisational responsibilities towards workforce wellbeing and a focus on First Nation communities' experiences of implementation. There remain limited resources relevant to the CMO sector.

Subsequently, a community consultation occurred across the sector, with interviews of 13 leaders from mental health CMOs in New South Wales. The community consultation identified that the CMO sector is unique and built on principles of trust, voluntary engagement in services, flexibility and innovation. The CMO mental health sector has been a pioneer in championing and implementing TICP for years. Many organisations have built TICP into their practice approach by deeply embedding its principles into organisational culture. Despite a strong commitment, CMOs face systemic barriers, inconsistent support, and challenges in the implementation of TICP.

Sustaining TICP requires strong leadership, ongoing training, building on practice wisdom, as well as relational approaches and support for leaders in navigating systemic obstacles. There are also unique challenges and obstacles for CMOs, including working with and alongside public services, and a sense of being an undervalued sector. TICP is understood as synchronous to other models but also retains unique elements, and work is required to ensure all approaches are aligned to organisational values.

As TICP becomes embedded in organisational culture, its impact can become less visible. There is a pressing need for innovative, meaningful evaluation methods to capture outcomes, justify continued investment, and drive systemic advocacy

The findings from the community consultation and the wider scoping review have highlighted several key recommendations:

1

There is an ongoing need for contemporary, accessible, specific TICP resources, localised to the CMO sector.

Develop contemporary, accessible, and localised TICP resources for the CMO sector

2

Resources must support organisations to identify existing and potential practical and meaningful measures of TICP implementation and outcomes for organisational growth and reporting purposes.

Embed practical measures and evaluation tools into TICP resources

3

Resources must focus on sustainability, and focus on long-term organisational change that enable systemic, governance, administrative, and workforce approaches to TICP to be realised.

Resources should support sustainable organisational-level change across all system levels

This project has emphasised the importance of maintaining and evolving trauma-informed resources that reflect the unique needs of the CMO sector, ensuring their continued leadership in delivering best practice, person-led mental health supports.

Note: Recommendations are described in detail in pages 45-46.

INTRODUCTION

Mental Health Coordinating Council (MHCC) is the peak body for community-managed mental health organisations (CMOs) in New South Wales (NSW) and is a Registered Training Organisation (RTO) delivering accredited training and non-accredited, and professional development courses.

MHCC largely represents community-based, not-for-profit/non-government organisations that support people living with mental health challenges. MHCC's 150 member organisations assist people to live well in the community by delivering mental health and psychosocial supports, including social inclusion, rehabilitation, and clinical services.

MHCC's purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources to assist community-based organisations build their capacity to deliver quality services informed by a human rights-based, trauma-informed, recovery-oriented practice approach. MHCC works closely with Mental Health Australia on matters of national interest to the sector, including cross-governmental collaboration, bilateral agreements, and the NDIS, and with the Mental Health Alliance, a partnership of state-based peak bodies and professional associations, on matters of mutual interest in NSW.

Language is important

This report strives to be as inclusive and respectful as possible, while acknowledging that terminology varies across disciplines, systems and services. While many people seeking or engaging in services across mental health and human service sectors have lived experience of trauma, not everyone identifies as a 'survivor' or 'victim' of trauma. For some, experiences of trauma are ongoing rather than a past event. To reflect this diversity and complexity, this review uses the term 'people with a lived or living experience of trauma'. In alignment with recovery-oriented language, the term 'person living with a mental health condition or mental health challenges' is used to describe individuals or a 'person accessing services' to describe people's relationships with mental health services and systems. We acknowledge that none of these terms are perfect and remain mindful of the evolving nature of language in this space.

Project background

The Trauma-Informed Care and Practice Organisational Toolkit (TICPOT) was first developed by Mental Health Coordinating Council (MHCC) in 2015 as a quality improvement organisational change resource. The Toolkit was originally developed in collaboration with the National Trauma-Informed Care and Practice Advisory Reference Group, in response to a recommendation proposed in MHCC's National Strategic Direction position paper: *Trauma-Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia – A National Strategic Direction (2013)*. The toolkit was revised in 2018. Designed to aid quality improvement processes and foster organisational change the TICPOT audit tool (which is a part of the resource toolkit) is divided into six organisational domains.

Since its development, it has been a popular resource, downloaded over 5,500 times between 2023 and 2024 from MHCC's website by individuals and teams in mental health and across sectors, in Australia and internationally.

TICPOT is a suite of informative resources that, together with the audit tool, assists services to integrate organisational change into quality improvement processes. Targeted at a broad range of services in community-based contexts across mental health and human service systems and sectors, TICPOT has been developed to be used as a guide for organisational self-audit and implementation. The way the toolkit is used may vary depending on the size and complexity of an organisation. TICPOT has provided a contemporary and dynamic best practice resource in trauma-informed care and how it specifically applies to CMOs.

This research paper seeks to inform MHCC's next iteration of resources and tools by identifying which TICP resources remain valuable and applicable, utilising the latest evidence and ensuring that resources remain relevant, beneficial, and specific to community-managed organisations in Australia.

Key concepts

What is trauma?

Trauma refers to the sustained impacts of experiences that overwhelm people's capacity to cope. Potentially traumatic events involve fear or betrayal and may be sustained or one-off; the impacts of trauma persist long after traumatic events have ended. The impacts of trauma are diverse. Trauma can result in physical and mental health challenges, disrupted sleep, relationships and emotional regulation, altered threat detection systems, a loss of sense of safety and trust in people or systems, alterations in stress responses, intrusive memories, flashbacks or negative cognitions, and changes in self-perception.

While many people who experience trauma have resources and supports that help them cope, people who have experiences of trauma are far more likely to be connected to mental health, substance use, the criminal justice system or social support services than people who have not experienced trauma. While some groups in society experience disproportionate levels of trauma, trauma can impact people of all ages, genders, socioeconomic status, races, ethnicity, geography or sexual orientation. Exposure to events that may lead to trauma is common. Many adults have experienced traumatic events, but not everyone will experience enduring impacts. Although estimates of prevalence vary, there is a broad consensus that many people who engage with public, private and community-managed mental health and human services are trauma survivors and that their traumatic experiences shape their responses to service providers. Many people who live with mental health challenges, co-existing conditions and/or psychosocial difficulties report lived or living experiences of trauma.

Cumulative trauma or trauma that occurs in the context of interpersonal relationships is often called 'Complex Trauma'. Complex trauma survivors are likely to have histories that include experiences of physical or sexual abuse, neglect or sustained emotional abuse, witnessing or experiencing domestic violence, or interpersonal violence from wars, genocide, civil unrest, refugee or community trauma.

Such experiences frequently lead to a complex mix of mental health, co-occurring conditions and psychosocial disability, which may impact people across the lifespan and intergenerationally.

It is important to recognise that many people experience harm or re-traumatisation during the provision of care, particularly in mental health services. This means that either their past experiences of trauma are mirrored through the power dynamics or experiences of care, or their engagement with services is traumatic. Trauma that occurs in care can occur despite the best intentions of service delivery organisations and the workers providing a service; or can be a result of challenges in accessing appropriate care and support; experiences of shame or distress, or feelings of disempowerment and fear. Even using services that are 'trauma-informed' can inadvertently lead to harm, and as such, both prevention and restorative processes are indicated.

What is Trauma-Informed Care and Practice (TICP)?

Trauma-informed care and practice is an approach to delivering services. Trauma-informed organisations recognise and acknowledge trauma and its prevalence and can demonstrate awareness and sensitivity to its dynamics. A trauma-informed approach, which is indicated in all service settings, differs from the approach needed to work directly with trauma in a clinical context, as occurs in trauma-specific services.

TICP is a strengths-based framework emphasising physical, psychological, and emotional safety for service providers and people accessing services. It prioritises a sense of control and empowerment while minimising re-traumatisation. TICP is informed by a blending of the research, as well as practice and survivor knowledge.

This has enabled the evolution of an approach for improving the capacity of services and systems to support people who may have experienced trauma and minimise the risk of traumatising people using services.

Responding appropriately to people who have experienced trauma requires knowledge and understanding of the nature and impacts of trauma and broad-based workforce education and training to build capacity. Collaboration between people with lived experience and carers, policy makers and service providers is also required, as is an appropriate response applied across service systems. To do so involves changing assumptions about how services are organised and provided, building workforce capacity and creating organisational cultures that are personal, holistic, creative, open, safe and therapeutic. Whilst many people using mental health and human services have lived experience of trauma, a TICP culture is relevant and beneficial for all people engaging in service provision, whatever their life experiences.

What are the principles of Trauma-Informed Care and Practice?

While there is some inconsistency in the principles identified as underpinning a TICP approach, it is broadly understood that a trauma-informed care and practice approach is:

- informed by a philosophy of practice
- underpinned by values and principles
- based on contemporary literature
- informed by research and evidence of effective practices
- co-designed by people with lived experience and survivors of interpersonal trauma
- culturally safe, and inclusive of diversity

EIGHT FOUNDATIONAL PRINCIPLES

The **eight foundational principles** that represent the core values of trauma-informed care and practice approach are:

1. **Understanding trauma and its impact** - A trauma-informed approach recognises the prevalence of trauma and understands the impact of trauma on the emotional, psychological and social wellbeing of individuals and communities.
2. **Promoting safety** - A trauma-informed approach promotes safety, establishing a safe physical, psychological and emotional environment where basic needs are met, which recognises the social, interpersonal, personal and environmental dimensions of safety and where safety measures are in place. Provider responses are consistent, predictable, and respectful.
3. **Supporting consumer control, choice and autonomy** - A trauma-informed approach is strengths-based and values and respects the individual, their choices and autonomy, their culture and values.
4. **Ensuring cultural competence** - A trauma-informed approach understands how cultural context influences the perception of and response to traumatic events and the recovery process, respecting diversity, and using interventions respectful of and specific to cultural backgrounds.
5. **Safe and healing relationships** - A trauma-informed approach fosters healing relationships where disclosures of trauma are possible and are responded to appropriately. It also promotes collaborative, strengths-based practice that values the person's expertise and judgement.
6. **Sharing power and governance** - A trauma-informed approach recognises the impact of power and ensures that power is shared.
7. **Recovery is possible** - A trauma-informed approach understands that recovery is possible for everyone regardless of how vulnerable they may appear, instilling hope by providing opportunities for consumer and former consumer involvement at all system levels, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals.
8. **Integrating care** - A trauma-informed approach maintains a holistic view of consumers and their recovery process and facilitates communication within and among service providers and systems.

How did 'Trauma-Informed Care and Practice' develop and expand?

TICP developed from the growing recognition of the widespread impact of trauma on individuals, and the need for more compassionate and effective approaches to care across health and social services. The terminology of Post Traumatic Stress Disorder (PTSD) was acknowledged as failing to represent the nuances in relation to complex trauma and that another language and approach was necessary to address the consequences of trauma, which evidence was clearly demonstrating needed alternative ways or understanding and working with people with lived and living experience of trauma.

While the concept of TICP was first defined by Harris and Fallot in 2001, TICP was informed by the work of a team of clinicians in Philadelphia, in the early 1980s led by Dr. Sandra Bloom who developed the trauma-informed program called the Sanctuary Model.

This model subsequently reached across the human services system, in an effort to create safe and healing environments for children, families and adults who have experienced chronic stress and adversity, and informed the work of community-managed organisations such as women's refuges and veterans support services, the consumer, survivor and ex-patient movement, and added to the emerging evidence of the impacts of childhood trauma upon health and the work of the Substance Abuse and Mental Health Services Association in the United States of America (SAMHSA).

Harris and Fallot (2001) emphasised a paradigm shift towards cultures of care where staff learn new ways to interact with the people who access services, in recognition of the prevalence of past experiences of trauma and violence. A significant catalyst for movements towards TICP was the Adverse Childhood Experiences Study (or the ACE study), led by Felitti and Anda (Felitti et al., 1998). This landmark study highlighted the profound long-term effects of childhood trauma on physical and mental health and underscored the need for health and social service systems to integrate an understanding of trauma into their practices.

Gradually, over the past two decades in Australia, TICP has been adopted across various sectors, including mental health, healthcare, primary care, education, substance use, homelessness, forensic, disability, community and social services more broadly. TICP has gained traction across sectors due to evidence of the prevalence of trauma, including demonstrated improved outcomes from recognising trauma and reducing re-traumatisation in care; its holistic approach which addresses organisational cultures, workforces and people who access care; its inclusion in advocacy, policy and practice reform and training across sectors and its alignment to many contemporary models of service design and delivery.

While individuals can enact TICP, ideally it needs to occur in an organisational context that supports values-led practice and critical reflection and as part of a 'whole of service' approach. The process of becoming trauma-informed is unique to each organisation and therefore must be tailored. The process of implementation is therefore intended to develop a localised service culture whereby staff remain receptive to best practice, change, flexibility and innovation, to promote capacity

building and sustainability. Trauma-informed resources are used to assist in identifying priorities for implementation that prioritise specific areas over time. The primary concept is to support best practice in a way that organisations can comfortably accommodate. This may include training or other internal and external development strategies.

Substantial work has been undertaken to evaluate TICP across service settings. Evaluations have shown benefits in client satisfaction and engagement, as well as workforce wellbeing, team communication and collaboration, improved experiences of care for families and carers and reductions in coercive care. However, there are challenges to evaluating the use of TICP due to a lack of standardisation of what TICP is or involves, variable approaches to implementation and the use of subjective or self-report measures to try to capture the complexity of TICP.

In line with the principles of TICP, there is also a recognised overlap between a trauma-informed approach to care and practice and other contemporary frameworks, including cultural safety, Recovery, integrated care, strengths-based approaches and rights-based models of care.

Hybrid terms are increasingly being used across policy, frameworks and service documents such as: 'integrated trauma-informed care'; 'recovery-oriented trauma-informed care'; 'family-focused trauma-informed care'; 'culturally sensitive trauma-informed care' and 'human-rights based trauma-informed care'.

These frameworks all contribute to safe contemporary service delivery, and while distinctions about TICP can be made, separating out outcomes of TICP specifically is difficult.

What does it mean to be trauma-informed for the community-managed services sector?

Community-managed organisations (CMOs) provide non-government, not-for-profit, community-based services to support recovery and improve people's wellbeing. Mental health CMOs work alongside public mental health and primary health care as well as delivering psychosocial support services, housing and accommodation support, rehabilitation and recovery programs, peer support, self-help, helplines, family and carer support, employment and educational support, transitional care coordination, counselling and private health services.

It has long been accepted that CMOs must be trauma-informed to appropriately respond to the high rates of trauma amongst people who experience mental health challenges and psychosocial disability, and to enable the delivery of effective and compassionate care to individuals who experience the effects of current and historic trauma. Additionally, they may be supporting people who have experienced iatrogenic harm from contact with parts of the mental health and other human services systems or who have been discriminated against and excluded from services.

The CMO sector consists of a skilled and well-trained workforce informed by evidence-based practice. Significant enhancements and increased employment of an embedded

peer support workforce have significantly altered CMO workforce demographics, leading to growth in training and education programs to support peer-led concepts such as safe storytelling and purposeful disclosure. These training opportunities are developed and implemented in trauma-informed ways. Embedding lived experience and peer support workforces is one way to ensure that attention to organisational TICP is recognised as necessary to maximise psychologically safe workplaces.

Importantly, the first National Safety and Quality Mental Health Standards for CMOs were released in 2022. They state: "CMO mental health services are recovery-oriented and, when delivered according to contemporary best practice, are ***always trauma-informed***, and promote cultural change to counter stigma and discrimination and increase social inclusion" (pg2). This requirement means that there is an increased need to support the systematic implementation and evaluation of Trauma-Informed Care and Practice (TICP) into CMOs (Australian Commission on Safety and Quality in Health Care, 2022, emphasis added) (See Guidebook).

Being trauma-informed in a CMO context involves adopting a framework that recognises the widespread impact of trauma on individuals; and integrating this understanding into all aspects of service delivery to support recovery.

This includes a focus on physical and psychological safety, trustworthiness and transparency of processes and services; prioritising peer support and collaboration, and awareness of how historical, cultural and social circumstances impact people engaging with services; and how they can exacerbate experiences of trauma. Additionally, trauma-informed approaches require that organisations support workforce wellbeing with the acknowledgement that trauma may also be present among staff providing services and responding appropriately.

While there is increased awareness of what it means to be trauma-informed, alongside widespread expectations that services are trauma-informed, and increased resources in general to support TI approaches, there remains a need for an organisational lens to also focus on what is needed to specifically support the CMO sector.

Consequently, this review was undertaken to identify the current status of TICP across the Mental Health CMO sector in New South Wales and to generate recommendations for ongoing organisational and workforce resource development.

WHAT IS KNOWN ABOUT THE IMPLEMENTATION OF TICP IN THE MENTAL HEALTH CMOS: A SCOPING REVIEW

MHCC's second edition of TICPOT resources were published in 2018. Since then, there has been a significant uptake of Trauma-Informed Care and Practice across service settings.

This has led to an increase in evidence about implementation and sustainability, as well as the availability of numerous frameworks for implementation. To inform ongoing resource development, it is important to understand what is known about TICP in the context of CMOs in NSW.

This scoping review focuses on numerous aspects of trauma-informed care and practice including theoretical frameworks, practical applications, policy developments across mental health, psychosocial disability and related human service community contexts, in order to examine the currency and legitimacy of MHCC's existing resources and to provide recommendations going forward.

A scoping review was undertaken using the method described by Arksey and O'Malley (2005). Initially, searches were undertaken across the academic literature, followed by scoping the grey literature and service documents. A scoping of new implementation toolkits and frameworks was also undertaken. No frameworks specifically target the CMO sector directly except for TICPOT, however, key related toolkits and frameworks are summarised in Table 1 (page 24).

Following a review of the published literature, grey literature and available frameworks, a lack of experiential evidence specific to the sector was identified. As a consequence, an in-depth community consultation was undertaken, including stakeholder consultation in scoping reviews as a source of data is encouraged as a mechanism for enhancing the findings and supporting knowledge translation (Arksey & O'Malley, 2005). Ethical consultation and review were sought from the Community Mental Health Drug and Alcohol Research Network, Research Ethics Consultation Committee (CMHDARN RECC), which is an informal group of experienced researchers who review and advise on translational research projects for the mental health and AOD sectors.

To build on the TICP published literature more broadly, targeted consultation occurred with the CMO sector. Key stakeholders were identified through member organisations, committees and network relationships. Participants were purposively selected and invited based on their professional roles across the sector, to ensure broad knowledge of policy, practice, service delivery, workforce, leadership and education. Participants included Policy Leads, Trainers and Educators, Managers, Lived Experience Peer Leaders and Practice Leads in member organisations. The interview guide was developed based on the existing Trauma-Informed Care and Practice Organisational Toolkit, as well as the emerging findings from the literature review.

Consultation focused on the diversity of activities occurring within services around TICP, which resources are currently used, what evidence exists of its efficacy and staff perceptions as to why it is important. The consultation was undertaken guided by Trauma-Informed principles as per the CMHDARN Towards Trauma-Informed Research Guide that maximises safety, choice and control for participants. The consultation held the lived experience of people living with mental health challenges, psychosocial disability and/or substance use at its core and

was guided by TICP principles to document the practice wisdom of people working within and across the sector.

This Report strives to be strengths-based and solution-focused in highlighting what is considered effective practice across the sector, as well as identifying areas for targeted support.

The findings of this report are structured thematically, beginning with insights from the literature and followed by themes emerging from the interviews; together, these themes inform the report's recommendations.

Literature review

What recent knowledge is there of trauma?

There is increased knowledge of the relationship between trauma and physical and mental ill health, and the delivery of care and support services

Since 2018, literature related to TICP draws on the increasing examination of the neurobiology of trauma, including the relationship between trauma and memory, stress response and emotional regulation. There are also many studies focusing on evidencing the relationship between trauma, physical health and co-existing conditions, and calls to view trauma as a public health issue.

Positioning trauma as a public health issue has contributed to an increased push towards trauma-informed approaches across and within sectors. Since 2018, there has been an influx of papers applying concepts of TICP to service settings across health, education, social services and beyond.

Across the literature, there has been a strong link identified between experiences of lifetime trauma and dysregulation of the stress response system, impacting cortisol secretion, increasing inflammation and leading to metabolic syndrome (Womersley et al., 2022), linked to cardiovascular and metabolic disease (Ryder et al., 2018), alterations in implicit and explicit memory (Gregoire et al., 2020), as well as emotion dysregulation, avoidance, suppression of emotion, and expression of negative emotions in response to stress (Gruhn et al., 2020). Alterations to networks of the brain that control emotional modulation have also been identified as important, linked to the amygdala and prefrontal cortex (Andrews & Jenkins, 2019). Neuroimaging studies have facilitated greater exploration of how trauma reduces activity in areas of the brain, impacting executive function, attention, and cognitive, memorial, and affective and somatosensory integration (Giotakos, 2020). In addition, well-recognised pathways between fear, threat and memory are now better understood, alongside awareness of synaptic and circuitry coding and their intersection with hormonal and circadian systems (Maddox et al., 2019).

Psychiatric diagnoses have been refined to reflect complex trauma

An improved understanding of trauma has impacted psychiatric diagnoses. In 2018, Complex Post Traumatic Stress Disorder (CPTSD) was added to the eleventh revision of the International Classification of Diseases (ICD-11). This signalled recognition of the effects of sustained interpersonal trauma and was intended to provide greater precision in the diagnosis of people living with trauma, as well as more personalised and effective treatment (Cloitre, 2020). The inclusion of this diagnosis emerged from years of advocacy for the interpersonal and intrapersonal impacts of cumulative and interpersonal traumas.

It is anticipated that the higher prevalence rates of CPTSD compared to PTSD across the population (Moller et al., 2020) may lead to greater self-identification of trauma. This may have the desired outcome of a greater availability of services and interventions for people who have experienced trauma. Having an identified diagnosis will also likely lead to increased research targeting this population (Maercker, 2021), with implications for the increased focus on TICP.

There are diverse ways to understand trauma

Alongside increasing evidence of the impacts of trauma upon the brain and experiences of distress, there are also increasing critiques of biomedically dominated trauma discourses. For example, there are significant efforts towards reframing the impacts of trauma as 'adaptive' rather than 'maladaptive' (Rudzki, 2023) and recognising resilience as a key feature of trauma (Holton & Snodgrass, 2023). In this reframing, people who experience trauma are understood to develop refined mechanisms for responding and managing emotions and memories, which can have negative impacts, but have also supported resilience in the face of adversity (Hulbert & Anderson, 2018). The influence of shame in mediating trauma is also increasingly being considered (Davies et al., 2025).

There is increased recognition of the importance of systemic trauma and responses

Across the literature, there is increasing recognition that focusing on the ways that trauma impacts individuals can distract from systemic and institutional recognition of misuses of power that lead to and enable trauma (Thompson, 2021). Thus, alongside recognition of individual experiences of trauma, there has been increased societal and empirical recognition of systemic, historical and intergenerational trauma (Isobel et al., 2021), as well as pushes to acknowledge

structural violence through suggestions of the need for 'trauma and violence informed care' (Wathen & Mantler, 2022). Recognition of the impacts of experiences such as systemic disadvantage, epistemic injustice, bullying, racism and prejudice has led many researchers and clinicians to move away from hierarchies of traumatic events, such as those reinforced by many screening tools, and to instead consider the common elements of experiences that make them traumatic and the deeply personal and contextual nature of these experiences for anyone accessing services (Isobel, 2021b).

Rather than these tensions slowing down progress, there are calls for conceptual clarity alongside ongoing action. Consideration of the multi-systemic impacts of trauma, as well as the economic modelling of the magnitude of trauma exposure for health and social services, has helped to maintain momentum for TICP (Watson, 2019). Concurrently, other global experiences have also contributed to raising community awareness of trauma, including the global pandemic of 2020 and 2021 (Collin-Vezina et al., 2020) and widespread global unrest and subsequent exposure to traumatic events in the media and the community (Watson et al., 2020). While this contributes to awareness, it also 'normalises' discourses of trauma (Kiyimba et al., 2022), which can lead to a dilution of the concept. As such, the concept of trauma continues to evolve, alongside increasing recognition of the need for trauma awareness to be embedded in organisations and practices used across all health and social services.

What recent knowledge is there about TICP?

There is increased recognition of the need for localised approaches

Since 2018, there has been greater integration of TICP into healthcare systems across contexts, as well as integration with other systems outside of health, such as education, child protection and forensic services. The adaptation and spread of TICP has highlighted that implementation needs to be adapted to local settings and contexts (Bargeman et al., 2021). This is to address the well-documented challenges of translating the principles and ideas into local contexts and to recognise the diverse ways that trauma can impact communities. However, there is limited research available about the community-managed mental health (CMO) sector specifically.

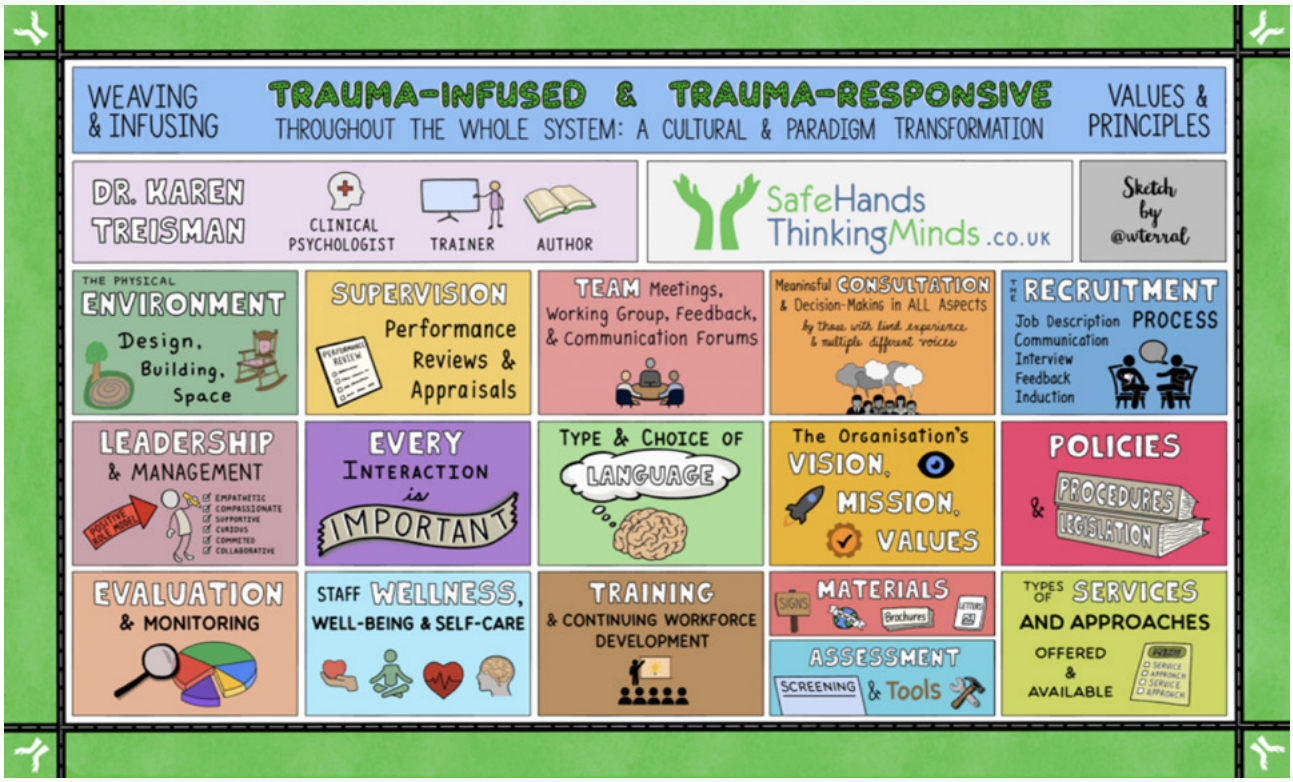
In New South Wales (NSW), the Agency for Clinical Innovation (ACI) has developed a framework for the implementation of TICP into public mental health settings (ACI, 2022). Alongside this framework, they also explored what is needed to achieve implementation from the perspectives of managers, staff, consumers and carers (Isobel et al., 2020a; Isobel et al., 2020b). This work highlighted the importance of leadership at all levels, access to resources to support implementation, relevant and accessible training and support for staff, resolution of wider systems issues, support for different ways of working, increased awareness of trauma amongst staff, opportunities for clients and carers to collaborate in care, active efforts by services to build trust and create safety, the provision of a diversity of models, as well as consistency and continuation of care.

There is increased recognition of the need for organisational approaches

Alongside localised approaches, there has been an increased awareness of the need for organisational-level commitments to TICP to facilitate implementation. This means that programs and services adopt and sustain trauma awareness, knowledge, and skills as part of their organisational culture, practices, and policies (Bargeman et al., 2021) and that staff are structurally supported in their efforts towards embedding TICP. The Crisis and Trauma Resource Institute (Gerbrandt et al., 2021) identifies that workplaces that aren't trauma-informed can lead to disrespectful behaviour, a lack of safety or experiences of disconnection for staff and may cause harm through unsatisfactory consideration of trauma in how decisions are made and communicated with staff and clients. They identify that becoming organisationally trauma-informed is not a straightforward process but requires individuals working intentionally and asking thoughtful questions, within organisations that provide opportunities to grow awareness and understanding of how trauma impacts the people who access their services and how to be sensitive to this in care delivery.

There is increased recognition of the need for proactive approaches to implementation

There is increased understanding of the multiple levels of commitment required for implementation. For example, Bargeman et al., (2022) conducted a review of TICP and proposed a conceptual framework of 'vertical' and 'horizontal' TICP. Vertical TICP includes programs and services that offer routine approaches to identify trauma, have protocols with a supporting infrastructure for responding to trauma, and support staff to minimise experiencing secondary trauma.



These programs exist within organisations that should have policies, proactive implementation and leadership for TICP. These organisations then exist within systems that require sustainable funding, accessible and relevant training, and support from leadership towards TICP.

Horizontal TICP occurs within these vertical structures and includes intersectoral collaboration, shared ways of talking about trauma and targeted training.

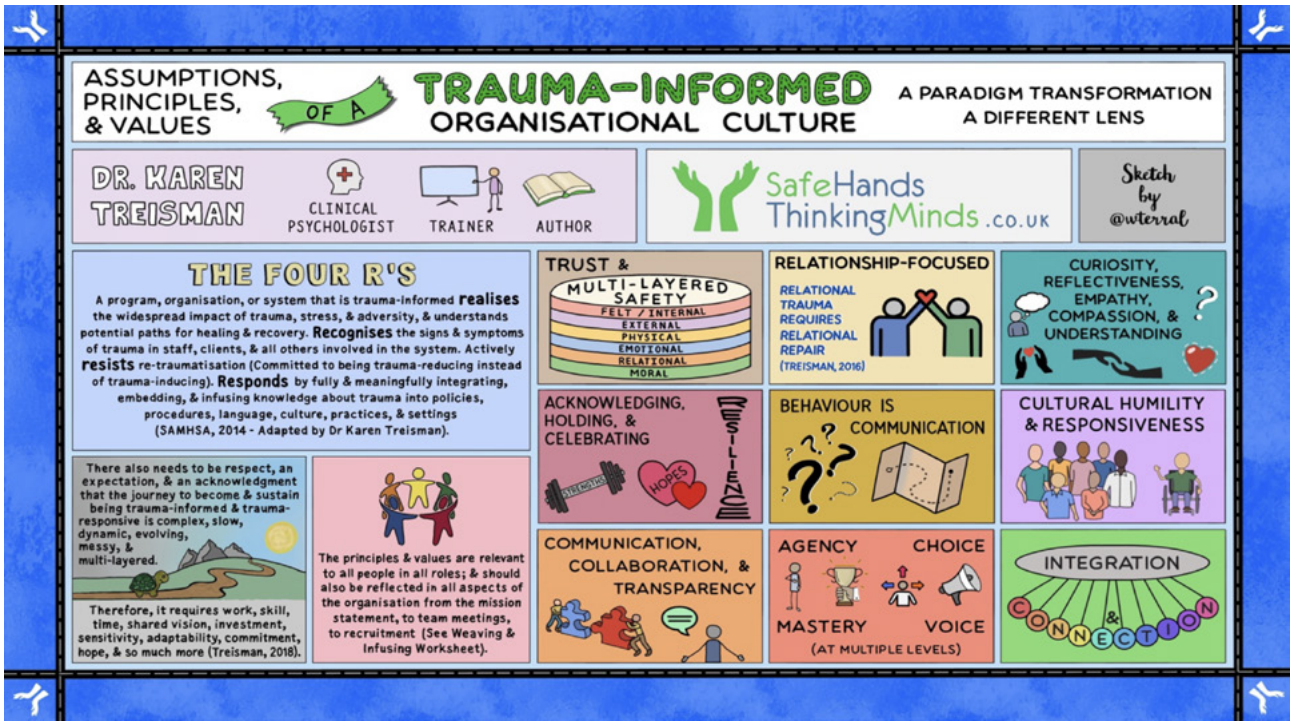
Literature on organisational approaches to TICP also recognises the limitations of expecting staff or workers to 'be trauma-informed' without organisational-level structures to support and maintain this way of working (Isobel, 2021a). Thus, there are moves away from requiring TICP by individuals without organisational support, with effective TICP recognised to be possible only within the context of trauma-informed organisations (Goddard et al., 2022).

The following posters have been produced by Dr Karen Treisman at Safe Hands Thinking Minds UK, to guide what it means to infuse trauma-informed and responsive practice into systems and organisations.

There is increased understanding of barriers and enablers to TICP

Since 2018, numerous reviews and studies of TICP across settings have highlighted barriers and enablers for implementation within organisations. For example, a study conducted by Goldstein et al., in 2024, found that across 16 published reviews, key enablers of implementation included policies and leadership that aligned and supported TICP, sustained investment in workforce education and built-in mechanisms of evaluation. They found that the initial domains or principles for implementation established by SAMHSA in the USA (SAMHSA, 2014) remain a solid framework; however, they proposed including a focus on sustainability and strengths-based components.

Lovell et al., (2022) studied implementation in community health settings in NSW and found that barriers to implementation include a lack of organisational commitment and motivation to change, constraints of the biomedical model, unavailability of resources, limited opportunities for staff training and inadequate or inconsistent knowledge and understanding of TICP across staff. While they identified that the organisational context should be a key target of implementation, they found that factors supporting TICP at an organisational level include supportive and informed management, flexibility of service models, service demands, resource availability, education opportunities, and appropriate reporting requirements.



In addition, alignment between these factors and the philosophical approach, team orientation, and vicarious trauma/stress management processes within organisations are needed. Access to training for all staff is essential (Purtle et al., 2020), with commitments to time, resources, policies and support to then translate knowledge into practice (Huo et al., 2023). Training and improved knowledge of staff about trauma does not change institutional practices as effective implementation takes time, resources and institutional commitment (Schmid et al., 2020).

Across the implementation literature, critiques of TICP focus on its lack of clarity of intent, the risk of becoming a 'buzzword' associated with rhetoric, excessively focusing on individual practice without systemic organisational shifts, and pathologising people's experiences (Isobel, 2021b).

There are identified implications for staff who are being asked to 'do more' without adequate support, training, clinical or practice supervision, and opportunities for self-care. People accessing services may also experience compounded harm if they experience a lack of validation or dismissal of trauma within interactions with services that have labelled themselves 'trauma-informed' (Isobel, 2021b).

While there has been a flurry of single-site evaluation papers, using a variety of measures of efficacy, TICP is a challenging concept from which to 'prove' outcomes.

A 2023 systematic review of TICP across primary care and community mental health care settings found that while extensive literature articulates TICP and its importance, less is known about its effects (Lewis et al., 2023). The six studies they examined reported positive findings around client satisfaction, engagement and sense of safety among workers. Similarly, a rapid evidence review undertaken by the Scottish Government (2022) found that benefits for staff and clients from the implementation of trauma-informed approaches include:

- Improved workforce wellbeing and satisfaction
- Improved team communication and collaboration
- Increased staff confidence, skills and knowledge in relation to responding to psychological trauma
- Improved wellbeing for people with experiences of trauma who are accessing services
- Reduction of emotional difficulties for children and young people
- A positive impact on families and caregivers
- Increased client knowledge and skills
- Improved access to specialist treatment or services where required
- Increased completion rates of treatment
- Reduction in coercive care

To support building the evidence base for TICP, it is widely recommended that implementation is supported by methodologically robust evaluations of organisational change (Lewis et al., 2023).

There is increased awareness of organisational responsibilities towards workforce wellbeing

Since 2018, there has been an increase in awareness of the role of organisations in supporting staff wellbeing as a key component of TICP. Nearly all documents written in support of TICP refer to staff wellbeing and vicarious trauma prevention, although at times, specific details are lacking. While recognising staff trauma has always been a part of TICP, more is known about what is needed to do this and why it is a crucial component of implementation.

In 2018, there were calls for a better understanding of the need for trauma-informed care for healthcare staff to enable them to recognise the cumulative effects of workplace stress and violence and identify strategies to manage their well-being (Beattie et al., 2018). A 2018 review of staff wellbeing and burnout interventions (Johnson et al., 2018) identified that developing wellbeing interventions which emphasise the positive aspects of interventions and benefit staff and clients concurrently can improve the efficacy of service delivery.

Subsequently, the COVID-19 pandemic highlighted the stress and trauma faced by many frontline staff across health and social services (Brahmi et al., 2020; Holmes et al., 2021) and led to global calls to action (Chan et al., 2022). Since this time, there has been an increase in the availability of training and education about vicarious trauma (VT) and staff wellbeing as well as some increasing evidence of the effectiveness of organisational interventions.

There has been a burgeoning number of reviews examining interventions and approaches. For example, a systematic review conducted in 2022 (Sutton et al., 2022) found that organisations have an ethical responsibility to support the mental health professionals they employ and provide a supportive environment that protects them against secondary traumatic stress. They identified that organisational-level factors that aid prevention include fair workloads, access to supervision and peer support, and supportive organisational cultures. An integrative review of VT interventions for nurses found systemic supports that foster individual coping mechanisms, self-care, education, screening, clinical supervision and peer support are essential as part of moves towards TICP (Isobel & Thomas, 2022).

A 2022 scoping review of secondary traumatic stress interventions (Kim et al., 2022) found that interventions include psychoeducation, mindfulness, art and recreational programs, and alternative medicine therapy may all benefit staff but lack specificity for VT. Many VT interventions are self-care based and tend to focus on general stress management rather than addressing the specific effects of trauma occurring in the course of work.

A systematic review of systems of response to supporting staff wellbeing following adverse events (Busch et al., 2021) found that despite high rates of psychological challenges amongst staff in healthcare contexts, there remains an inadequate response to supporting staff exposed to workplace adversity. There are calls for an increase in efforts to tailor VT interventions to different service settings and participant characteristics and initiate interventions at the organisational level.

There is increased awareness of organisational responsibilities towards workforce wellbeing

While TICP has always been written about in ways that call for cultural awareness, there has been increasing articulation of what it means to be trauma-informed for First Nations communities across the globe. A number of research outputs have been generated, largely from Canada and Australia. Key points include that it is essential that anyone working with First Nations people or groups to have an understanding and clearly acknowledge the impacts of trauma, but that this is also embedded in an understanding of First Nations models of health (Tujague & Ryan, 2021). This allows for the recognition of the role of pervasive historic and ongoing experiences of poverty, racism, disadvantage, and cultural degradation as trauma, as well as the importance of connection to community, land, spirituality, ancestors, culture, kin and stories for healing (Tujague & Ryan, 2021). This approach avoids bringing a biomedical lens to more complex experiences. A review of the implementation of TICP into primary healthcare settings for First Nations women found that organisations working to mitigate shame and stigma are essential to encourage disclosure and help-seeking by First Nations peoples (Cullen et al., 2022). This is enacted by responding to peoples' individual contexts, being family-centred, engaging elders, encouraging community engagement and leadership, and fostering culturally competent workforces to build trust, reduce re-traumatisation, and respect confidentiality (Cullen et al., 2022). The review findings also highlight the importance of supporting workforce wellbeing and embedding cultural safety within intersectoral partnerships (Cullen et al., 2022) and minimising re-traumatisation occurring in care, through reflection on organisational privilege, power, culture, and assumptions (Tujague & Ryan, 2021). Similarly, a 2021 scoping review of TICP in substance use services for First Nations peoples found that services should offer multi-pronged intersectional interventions that are culturally adapted and co-designed collaboratively with First Nations Peoples (Pride et al., 2021).

Challenges to integrating TICP for First Nations peoples, which include a lack of resourcing, varying conceptualisations of violence, power imbalances in organisational structures and a lack of client engagement, are recognised to reflect ongoing colonisation and lateral violence in government policy and funding decisions (Cullen et al., 2022). This can lead to scepticism of organisations calling themselves Trauma-Informed without consultation and meaningful engagement with First Nations groups. The language relevant to First Nations people may well be other that Trauma-informed Care and Practice.


mhcc
mental health coordinating council

Table 1: Scoping of other available tools and frameworks

Trauma-informed organisational change manual		
ORGANISATION	AIM	COMMENTS
University of Buffalo	To help organisations and systems plan for, implement and sustain TIC.	Divided by 'pre-implementation', 'implementation' and 'sustainability'.
Source: Trauma Informed Organizational Change Manual (tfec.org)		

Trauma-informed mental health care organisational self-assessment tool		
ORGANISATION	AIM	COMMENTS
Agency for Clinical Innovation NSW, Australia	Support mental health services across NSW to understand their current capabilities around providing trauma-informed care, and take steps towards meeting the requirements outlined in the Trauma-informed Care in Mental Health Services Across NSW – A Framework for Change (PDF 622.4 KB)	Aimed at public mental health services, requires set up of a survey managed by ACI (not publicly available).
Source: https://aci.health.nsw.gov.au/networks/mental-health/trauma-informed-care/self-assessment		

Trauma-informed care screening and assessment toolkit		
ORGANISATION	AIM	COMMENTS
National council for Mental Wellbeing Indiana	To support community mental health and substance use care organisations and mobile crisis units in the state of Indiana in their assessment or implementation of a TI screening and assessment process.	American. Targeting assessment and screening only.
Source: https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/OSA-FINAL_2.pdf		

Trauma-Informed Workplace Assessment		
ORGANISATION	AIM	COMMENTS
Crisis and Trauma Resource Institute (US)	The Trauma-Informed Workplace Assessment assists organisations in evaluating, understanding, and having conversations about trauma-informed awareness and practice.	American. Focused on sweeping overview of organisations not detail.
Source: https://ctrinstitute.com/trauma-informed-workplace-assessment/		

Trauma Informed Care Implementation Tool		
ORGANISATION	AIM	COMMENTS
Trauma Informed Oregon	Assists organisations, systems, and agencies in implementing trauma-informed care and tracking their progress.	American. Good level of detail.

Source: https://traumainformedoregon.org/implementation/tic-implementation-tool/

Creating Cultures of Trauma Informed Care (CCTIC)		
ORGANISATION	AIM	COMMENTS
The Anna Institute, Washington, USA,	This Self-Assessment and Planning Protocol and its accompanying CCTIC Program Self-Assessment Scale provide clear, consistent guidelines for agencies or programs interested in facilitating trauma-informed modifications in their service systems.	A tool for administrators, providers, and survivor-consumers to use in the development, implementation, evaluation, and ongoing monitoring of trauma-informed programs.

Source: Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol Community Connections

Trauma-informed Care and Practice Organisational Toolkit (TICPOT)		
ORGANISATION	AIM	COMMENTS
Mental Health Coordinating Council, NSW, Australia	TICPOT is for organisations to review current practices and embed trauma-informed care and practice into all aspects of service delivery to ensure the highest quality care and support for people with lived experience of trauma.	This toolkit is delivered in two parts: Audit & Planning and Implementation & Evaluation. These two documents are free to download and can be used as workbooks or templates to guide organisational change.

Source: Trauma-informed Care and Practice Organisational Toolkit (TICPOT)

Trauma-Informed Leadership for Organisational Change: A framework		
ORGANISATION	AIM	COMMENTS
Mental Health Coordinating Council, NSW, Australia	A resource to drive organisational change, guide leaders, ensure quality improvement and enhance consumer and carer safety and experience of services.	This resource is an adjunct to Resources 1, 2 & 3 of the Trauma-Informed Care and Practice Organisational Toolkit

Source: Trauma-Informed Leadership for Organisational Change: A Framework

Implications for future TICP resources

The scoping of the literature published since 2018 has several implications. The authors of this report identified that **knowledge of trauma and TICP has grown and evolved, but key ideas and concepts remain relevant**. Knowledge of TICP should be built upon rather than be replaced, to ensure practice wisdom and seminal knowledge of concepts related to trauma are not lost in pushes towards recency or hierarchies of evidence. Much of the original research that informed TICPOT, and associated resources remains relevant but is now enhanced by expanded understandings and a refined focus.

The initial domains and principles founded by the Substance Abuse and Mental Health Services Administration in the USA (SAMHSA, 2014) continue to provide the framework for implementation and tools globally. However, there is a need for continual improvement of implementation resources and approaches, with a focus on sustainability, relevance to context, and strengths-based approaches.

Additional implications include:

- MHCC's TICPOT resources remain relevant and useful. Knowledge has expanded but have not fundamentally altered since this time, with literature indicating a need for an ongoing focus at the organisational level.
- The influx of resources and deepened understanding of implementation guides the understanding that TICP resources need to be specific and localised to the CMO context in Australia.
- The literature reinforces the need to focus on organisational-level changes, emphasising the need for acknowledgement and leadership to support systemic, organisational, and workforce approaches.
- While maintaining a focus on trauma is crucial for concept clarity, there is also a need to maintain a lens of societal, systemic and institutional contexts of trauma, a public health approach and recognition of the disproportionate impacts for some communities, including Aboriginal peoples.
- Alongside recognition of the impacts and effects of trauma, there should be inclusion of awareness of resilience, coping and adaptation.
- Trauma awareness supported through training, screening, or other approaches needs to emphasise the human experiences of shame and emotional dysregulation, alongside neurobiological and prevalence data, to inform trauma sensitivity, with vicarious trauma also clearly recognised.
- Implementation should be focused within organisations while also being mobilised up into systems and down into support for the workforce and service users. (See diagram 1 on page 48).
- Much is known about implementation, but there remains a need for consistency of approach and ways of evidencing change. Future TICP resources should both guide implementation and support evaluation.
- The challenges and limitations of TICP should be overtly acknowledged within future TICP resources and organisations, but this should not be used to obstruct careful action.

Consultation with mental health CMOs in NSW

To extend on the findings of the literature review, consultations occurred with staff from 13 MHCC member organisations and other stakeholders between February and April 2025. Participants were Senior Managers, CEOs, Area Managers, Lived Experience Leads, Program Leads, Community Workers and Educators from Mission Australia, Neami National, Weave, The Buttery, Lived Experience Australia, Uniting, Sydney Women's Counselling, Grow and Central Eastern Sydney Primary Health Network, providing a range of mental health services including clinical, psychosocial supports as well as rehabilitation. An interview was also conducted with a peer trainer from MHCC's Learning & Development Unit.

Consultations identified the unique context of CMOs in relation to TICP, the significant progress that has occurred in implementation, the ongoing diligence and resources required to sustain change. They also highlighted that outcomes are challenging to identify, and that the intersection with other approaches is not always apparent.

"We hold onto TICP because we need to": The CMO sector is unique.

Consultation identified that the CMO sector is unique in the way that services are structured and delivered, leading to both opportunities and challenges for TICP. The sector is not actually a sector in the way that describes public services. CMO services are a disparate group of organisations delivering a range of services offering clinical, mental health and psychosocial support services. The size of these not-for-profit organisations varies from very small to large statewide and nation-wide operations offering a range of services that are funded both by the Commonwealth, state and ad hoc discretionary ministerial funding and philanthropic grants, often operating under complex partnership and collaborative commissioning arrangements Within this array, there are organisations that are new to thinking about TICP and others who have had knowledge of trauma woven into their structure for over 30 years, long before the language evolved and the theory and practice approach became known as 'TICP'.

The sector has unique aspects which make the transferability of 'evidence' about TICP challenging. The CMO sector provides services that people access on a voluntary self-referral basis or through soft entry referrals from the primary health or public mental health services. This requires community trust to ensure access and maintain engagement over time. Thus, across organisations TICP is largely positioned as essential to practice rather than an additional way of working. Indeed, TICP is largely considered evidence-based practice and an integral component of what is understood as contemporary recovery orientation, in theory and practice.

Unique components of the CMO sector include the reliance on trust to sustain community engagement, the voluntary nature of the sector, the flexibility and innovation embedded within services, the challenges faced including in working alongside the public sector, the need to balance efficiency with community connection, and the lack of recognition of existing and longstanding best practice.

Building trust: The importance of TICP in community engagement

Across the sector, community engagement requires ongoing attention to the impacts of trauma and how to foster safety in service delivery contexts, and as such TICP is practiced and refined daily. Participants identify that while trauma is prevalent across the community and TICP is therefore relevant to all sectors, awareness of trauma is fundamental to engaging with communities and clients of CMOs who lead the way in recognising its importance.

> *A really high percentage of the people we work with, whether they're homeless... whether it's Aboriginal and Torres Strait Islander peoples, whether it's people who are LGBTQI+, you know, [people experiencing] domestic violence, mental illness... Trauma is a massive, big part of what we're dealing with you know, so it's basically just essential that our workforce are trained and understand."* Participant 3

Voluntary access and lived experience: the unique dynamics of CMO services

CMO services are almost entirely accessed voluntarily, which *"changes the power immediately"* and leads to concerted efforts to promote services and try to make them accessible and appealing to community members. This is seen to differ from the public system, where demands upon services make services *"continuously less and less accessible"* and less able to ensure service models meet the needs of people who access them. Where public services are linked to involuntary care, this often leads to a reluctance to engage and difficulties in establishing rapport The nature of the workforce is also diverse in CMOs and differs compared to the public sector. While some services have long-term stable positions, many have high turnover and short term contracted positions. Many organisations also employ people with Lived Experience and these Peer Workers see embedding TICP as crucial for sustaining Lived Experience workforces.

> *Our team leader is a lived experience worker. And so, she really understands and supports us in terms of like ...she knows what the work that we do, what it costs us... we're not machines, that we're actually using our personal resources, we're using our empathy, we're using our emotional intelligence, we're using our understanding ... it's not like doing accounting... it actually costs and depletes. It's not at arm's length. You can't do this work and not care."* Participant 10

Flexibility and innovation: advantages of CMOs in implementing TICP

Participants identify that the community-managed context means that CMOs have opportunities to work in ways that are flexible and innovative, with less *"bureaucracy"* and *"red tape"* than in the public system. Participants who move from these services into the CMO sector identify less reliance upon biomedical approaches and internal bureaucracies, that allows for more progressive use of TICP principles. Flexible structures and environments of practice are seen to facilitate TICP.

We hold onto TICP and such ways of working in the CMO sector because we can, and we need to. But I think it's easy to lose that sort of … respect for the needs of the input of the client and to be client-led and trauma-informed when it is getting really hectic. But honestly, that's often when it's the most important". Participant 5

Navigating challenges in the CMOs sector: consistency and implementation of TICP

The CMO sector also faces unique challenges. Challenges that relate to inconsistent ways of working across organisations and services, staff turnover and conditions, and the intersection of CMOs with other parts of the service system. The potential for TICP to be interpreted differently across the sector is seen as a potential challenge for implementation. Sometimes the language of TICP is embedded in policy but not in practice.

I think the underside of trauma-informed practice, almost like the shadow side, is that when we've got something that's understood in kind of like values and philosophy…It then means that people can interpret and understand that in very different ways." Participant 4

Challenges in collaboration: public sector limitations affecting CMOs in TICP

Participants reflect in depth about the challenges for clients and staff in working alongside public health services, police, child protection and other government departments, when these services are not enacting TICP. For example, many CMOs work closely with public mental health services and frequently encounter paradigmatic tensions about the intent and purpose of care. Participants describe advocating for their clients in these settings, as well as supporting clients who have experienced harm in these settings or who may have decreased trust in all services as a result. Additionally, many public and government funded services have experienced *"decreased funding, decreased staff and decreased care"* over the last few years, impacting upon efforts towards TICP as well as increasing demand upon the CMO sector.

If a [public] mental health service has 7500 referrals a year, that's 7500 people they need to discharge, so the referrals to us are just constant, even if we don't have capacity." Participant 3

Furthermore, structural challenges are apparent. Participants describe the incongruence of KPIs and funding reporting with efforts towards, and structural support for, TICP. This is reflected in insecure employment and short-term contracts for staff, as well as a lack of time and resources budgeted for staff wellbeing support.

In addition, reporting requirements are often focused on short-term outcomes, where much of the relational impacts of TICP are longer-term and more challenging to report on. Participants across services reflect that it takes *"bravery"* or *"persistence"* or *"constant energy"* to try to find ways to deliver services that meet the needs of community and meet funding requirements.

> *There are challenges in keeping TICP on the radar in the CMO sector when there is pressure to focus only on the reporting outcomes... How many houses have you found? How many mental health conditions have you solved?"* Participant 1

Balancing efficiency and connection: the challenges of implementing TICP in CMOs

Participants recognise increasing pushes from funders and government to do things like TICP as part of their work in the CMO sector, without additional shifts in resourcing or staffing. It can be hard to know how to "push back" against this and to support staff in ways that don't emphasise efficiency over connection.

> *So, most of your job in the middle management space in CMOs is supervising the direct frontline practice of staff. I think it's very easy to just get into like the, what are you doing with each person? What do you need? How are you traveling? Okay, sweet. Next person. Okay, sweet. So just do this, this, this. Okay, sweet. Next person. Sometimes you're missing those opportunities to reflect on where opportunities could have been to do something differently or get into more of the values and underpinnings of the ways in which we do the work. Because it takes time and skills to be able to be thinking about that all the time [to say] like, 'okay, that sounds like an interesting outcome, but what was the approach?' Like we got the outcome but are we worrying as much about the outcome as we are the process? And that's a real challenge when you're under pressure because you just want to move through the work. You know, you've got a wait list, you know, you've got things that need to be done"* Participant 5

The pressure on managers and executives is seen to be reflective of the conditions and expectation placed onto the sector which do not always reflect the complexity of the work.

> *You see these pivots [towards TICP], but they're not reflected in the applications on the ground. So [the government say] 'we've done this, this, this. We've got a team of 85 million policy writers who have come up with all this amazing stuff we need you guys to get across it. Can you come to the launch of our new thing?' And then the contracts come through year after year and there's no indexation, no CPI increases, no increases to wages. We continue to go down in our ability to pay the requisite wages, women aren't getting maternity leave, people aren't getting conditions that are appropriate. And then we're being like, 'be more trauma informed', 'be more this, be more that'. It's such an unreasonable expectation on staff to be able*

to be able to do this…I think sector wide that there's this absolute vortex where we're expected to do things in ways that are so empowering for clients and so respectful and so safe, but then also given these 12-month contract extensions with not enough money to pay the wages and then unreasonable KPIs. It's like these things cannot coexist. And a balance needs to be found." Participant 5

Championing best practice in an undervalued sector: dedication and impacts in CMOs

Participants present as a proud sector, staffed by people who work hard and are committed to improving outcomes for individuals, families and communities. Staff across the sector recognise opportunities for TICP, with benefits identified to extend beyond short-term outcomes for individuals to longer-term outcomes for families and communities. However, the work of the CMO sector is also difficult, can be overlooked at times, and has impacts upon staff, which influences TICP.

> *Sometimes it's just so intense…like the work is genuinely hard. So much of the risk is held by the community sector, which absolutely goes viciously unnoticed. Like there's a disproportionate deference to the clinical sector and the public health sector, which often doesn't hold the same level of risk in community as the community sector does."* Participant 2

> *We are the people that first identify really serious mental health experiences in people, often we're the people that hold the support of that person in community, and we have to do so with these underlying commitments to the values and the ways in which we'll do it, which sometimes run counter to the clinical system…But at the same time we are needing to somehow coexist alongside that… we work with really serious complexity out here… And we remain committed to those ways of working."* Participant 1

There's been some awareness of it probably the whole time": The CMO sector has longstanding commitments to TICP

Much of the CMO sector is built on ideas synchronous with TICP. Services have been established by people committed to working with people living with experiences of mental distress in ways that are supportive, equitable, recovery-oriented and collaborative. Many services are led by or staffed by lived experience workers and are guided by values of 'doing with'. Subsequently, TICP is identified as both a *"really big thing"* across the CMO sector and at the same time, *"the way we have always been."*

Executives and senior managers across organisations describe long-standing commitments to being trauma-informed and recognise this as key to how they work both with clients and organisationally. TICP is reportedly written into policy, procedures and ways of working, and supported by staff education, leadership and supervision across much of the sector. Senior staff who have been in their roles for a long time have observed TICP enter the mental health sector and gain traction *"over the last 10 years or so I've really seen it flourish"*. Even prior to TICP becoming a *"buzzword"*, organisations were implementing TICP into how service is structured and delivered, from intake processes to collaboration in care and engagement with people's lives and circumstances. Even when participants were unsure of what targeted implementation was occurring in their organisations, they reflected on it in the ways that they describe their roles and the work that they do.

> *I think about it in everything that I do actually. Although, not always as explicitly as that. But TICP is part of why we are altering policy and practice and... reducing restrictive ways of working and... supporting our workforce."*
> Participant 7

Across the sector, there is a focus on sustaining efforts towards TICP which have been longstanding and pioneering,

Sustaining TICP: implementation challenges and innovations in CMO services

While all organisations identified a commitment to TICP, its implementation is not always structured. Many participants couldn't identify specifically how it was being implemented but identified motivated individuals who are credited with sustaining efforts. Larger organisations have been developing their own frameworks and supporting ongoing access to education. Engaging external consultants to facilitate training, education and supervision is also common.

In some organisations there is no access to training due to budgeting, and as such staff are expected to 'just be trauma-informed'. Many smaller organisations rely heavily on access to existing free resources developed by MHCC. Much funding in the CMO sector is tender-based and there is no room in budgets to accommodate for training or resources to support the workforce.

Budgets for tenders are very, very tight, when you're putting the budget into the funding body for a tender, you could pull out 20 grand for [TICP] training, but 20 grand could also be two cars we then can't lease". Participant 6

Some organisations describe structured progress towards TICP, for example, through training all staff in ongoing ways and developing and implementing their own trauma-informed whole of service frameworks. Many efforts towards implementation started off being guided by MHCC's TICPOT or Blue Knot Foundation resources and then where possible organisations have developed internal capacity to meet their staff's needs over time. Efforts towards TICP are supported by processes like staff supervision being built into all roles and teams and meaningful use of client feedback to drive change. In smaller organisations, internal resources may be more limited, and staff rely on collegial support and reflective practice to sustain change. Across the sector, leadership and executive buy-in is considered key, with recognition that alongside any implementation, there needs to be a focus on what supportive and aligned leadership looks like. In organisations where TICP has remained a key focus over time, consistent strong leadership has been crucial, with many identifying that people had been in their leadership roles for many years.

When your leaders believe in this, it sort of permeates through teams and creates a culture and in our instance, a culture of trauma informed recovery." Participant 3

Pioneering TICP: recognition of the CMO sector's leadership in championing TICP across system levels

Senior managers identify that the CMO sector has developed and driven much of the early TICP work (much of it led by MHCC), including identifying how to operationalise the principles through promoting choice, transparency and safety in relationships with clients, and that it can be frustrating when it then gets picked up by funding bodies or government and handed back to CMOs as a new initiative.

Often [CMOs] are the ones in this sector I find that are doing this stuff. Then eventually we do it for long enough and researchers, universities, various other people partnered with NGOs... consultants, external supervisors start doing this stuff... it becomes 'the thing' once it builds, it's like, 'oh, this is actually really important'. Then the government picks it up and then it puts it back around to us... it becomes a shiny thing that's being asked of you on top of things... its demoralising sometimes." Participant 5

There are also difficulties with TICP that have emerged over time, including it being used as rhetoric or being used to 'other' people living with mental health challenges. Unfortunately, it has had some 'unintended consequences'. For example, some organisations staffed by Lived Experience workers identify that there is a constant need to push back on assumptions about vulnerability or pathologising trauma which may be reinforced by messaging about the need for TICP due to high rates of trauma in the lives of people living with mental health challenges.

you're constantly...painting a picture of need. Based on trauma assumptions.... But isn't this how you should treat all people? with decency? Humanity?...So there's a tension because you're up against...culture and systems and assumptions and generalisations of the community...it's a bit like the um you know the rhetoric that all veterans are damaged coming out of the military. Some absolutely have a hard time, but not all. So, there's a lot of...separation... othering of us and them And [TICP] feeds that... all of those models of care and policy rhetoric about...you know, poor them, they're traumatised." Participant 13

"How do you keep pushing forward?": Sustainability requires ongoing attention, leadership and resources

For individuals within the CMO sector, TICP is understood as a way of interacting and being that requires attention for sustainability. Participants identify that it can be sustained through accessible and free targeted education, resources, supervision and ongoing engagement with staff and clients.

I think that trauma-informed practice and understanding it is something that once you once you get it, I don't think you can undo it." Participant 2

Some services have been embedding TICP across their services for many years and are now working towards what is next in relation to moving beyond trauma awareness, towards trauma intervention, with recognition that this is a separate and in-depth process.

I think internally we've had multiple debates about, you know, is it...working with the trauma lens... Is it being trauma-informed in the approach that we use? Is it about for some of our services actually doing more than being informed by the lens...and actually thinking about what treatments are we applying to actually treat trauma... how do we take those next steps so that not only are we thinking about the underlying trauma that might be present, but...we're putting steps in place to actually intervene." Participant 7

However, for TICP be sustained when people leave positions, a project ends, or services restructure; attention to sustainability is needed to ensure TICP is woven into all parts of service, that knowledge isn't lost, and TICP is sustained. Participants gave numerous examples of people leaving key positions and priorities shifting across CMOs. Many senior managers described constant pressure to work in ways that align to funding requirements and clinical services, which can mean that efforts towards values led practice, like TICP, can *"drop off the agenda"*.

There's a lot of heartbreak in the CMO sector ... because you can invest your soul into something over two years for a project and really give everything to it and then funding can just be entirely stripped out underneath. So often people have put great process, and a lot of really great programs come up for a period of time, and then they just totally fade away." Participant 9

As part of sustaining practice, organisations require trauma-informed leadership, ongoing training, a focus on sustainability, relational training opportunities and support with navigating systemic challenges.

Leading by example: essential trauma-informed leadership in the CMO sector

Staff within services feel frustrated when the pressure is put on them to 'be trauma-informed' when the systems or services don't model this. Participants want trauma-informed leadership and advocacy at systems levels to support them in the work that they do.

> *You can't be trauma-informed if the people at the top are not 100% dedicated to living that out in their lives. If they're throwing their power around...and not caring about the impact of that on people, then it doesn't matter if we do our best at the bottom to kind of, you know, do all of this work. But I think that's the biggest thing. Like most of us that are in caring community work are here because we care.... but our systems have to be trauma-informed...we need to not be being traumatised by being made to feel insecure all the time, or that our job's on the line, or people talking about us behind our backs, or not being able to trust management that they actually did consult when they said that they did and that they're not just going to bring some big change out that affects us without actually thinking about a gentle change process that humans can cope with. Particularly when we are working so hard with all of our resources you know... to just dump something else on you without actually understanding that it can just be the straw that broke the camel's back.... this is what our leaders need to know."* Participant 10

Leaders across the sector see it as their role to ensure a focus is maintained on TICP and that they model the values in how they support and guide staff; but they also need support and resources to do their job effectively.

> *To expect staff to collaborate and share power, we have to do the same. Trauma-informed leadership is essential. There is a constant pull to become more and more bureaucratic and focused on KPIs... [we] keep having to actively push back on this and focus on the people."* Participant 7

Ongoing training requirements to support practice

Participants in senior leadership positions identify the importance of ongoing access to training for staff to sustain cultures of practice. Usually, training is accessed via external agencies including Blue Knot Foundation or MHCC, but leadership is required to ensure funding to support this. There can be a high turnover of junior staff in the CMO sector so ongoing training is essential. Participants identify that it can be difficult to ensure a baseline understanding of TICP amongst the workforce in the context of time-limited funding. While services strive to employ and sustain trauma-informed workers and many ask about it upon recruitment, in-depth understanding of what it means requires ongoing leadership and access to training and education that can be woven into work hours. Participants also identify a need to develop and embed approaches beyond training but recognise that this takes time. Many identify a need to continue to *'push forward'* with TICP, rather than seeing it as a static state that can be achieved.

> *Even once TICP has been rolled out, there needs to be ongoing ways to improve. Once you decide you are trauma-informed, how do you keep pushing forward?...we're already doing it. What else can we do, and you've still got to try, you know, what little thing can we focus on to try and improve?* Participant 2

The importance of relational training and leadership support in CMOs

Many participants identify that there many online and written resources broadly available to support TICP, but the relational component of training remains critical to best practice. They also recognise differences in what staff need depending on their background experience and roles, or length of time working in the sector and so one resource will never adequately support the whole sector. Leaders identify that it is "easy" to turn into clinical services that are simply staffed differently, or to not be led by TICP or similar approaches, without diligence and attention to the ethics and values integral to the community sector. To achieve this requires ongoing self-reflection, rather than set activities:

> *I guess the trauma-informed part is around sitting and anchoring in the values and the philosophy, rather than the fine print."* Participant 1

However, alongside reflections on what they require to sustain organisational change, leaders also identified that support at all levels of service delivery is important for ensuring improved client experiences remain at the forefront.

If I'm living and breathing [TICP] and ... implementing the same sort of underpinnings in my practice, whether it be guiding the client work or managing the staff or making decisions. I think that's really important... that consistency and role modelling for sure but I think that much of the importance of the application of trauma-informed care is going to be with the people that are doing the real work. The people that are... meeting clients... so staff on the ground are empowered robustly by the system structures, policies, procedures of the organisation to do that for the people that are looking for support from our organisations.... there are definitely things we can do in leadership that empower [staff]... Resources, trainings, frameworks, structures, all those things... but it will never be as important as the real work on the ground, which is meeting people in a vulnerable moment and having an opportunity to meet them with respect." Participant 5

A focus on sustainability: maintaining practice wisdom in the sector

Efforts towards sustainability for TICP are focused on keeping it on the agenda in leadership meetings, ensuring that it is represented in policy and practice frameworks, including it in staff induction packages and continued vigilance about systems like human resources and recruitment. Leadership that is committed to TICP is crucial for such sustainability. There are some efforts to share resources across services, but many organisations are trying to identify their own processes of sustainability that suit their specific context.

TICP is] like cultural sensitivity, isn't it? You don't just do a one-hour online module and then you get it, it needs to be something you think about in everything that you do and that takes time and ongoing scrutiny and self-reflection." Participant 5

Leaders identify a lack of resources that support their efforts, having largely learnt through 'doing'. They identify gaps in being supported to work with other organisations who are not trauma-informed, how to advocate for their staff, how best to support the lived experience workforce, and how to advocate for changes in line with TICP at the funding and KPI level. Funding organisations identify that these same challenges plague their work, with many staff at government organisations also on short-term contracts.

Like, the biggest contributor to staff risk of trauma and burnout tends to be around those stresses like job uncertainty and role uncertainty and all those really basic job things. And that's something that like the [funders and peak bodies] have been working together on doing some advocacy around but it's, at least in terms of our funding it's been a constant. You know, there was one year we got three-year contracts, and then one year we got two-year contracts and there's been lots of years where we've got one-year contracts... So yeah, it's not ideal, definitely... you can't fix a structural problem like that with like a trauma-informed morning tea with your staff." Participant 5

Dedication to TICP: navigating sustained systemic challenges

Across the sector there is awareness that being 'trauma-informed' is a challenge for the CMO sector due to wider systems and that ongoing effort is needed to do what you can, with what you have.

> *I just want to acknowledge that on a grand systems basis, it's very difficult to do this because we're living in a society that wants very quick outcomes...we are funded for very quick outcomes. And that's where all the best practice guidelines are- it's a one size fits all, lowest denominator sort of space. I think that we just need to keep on pushing. More education. Know that conversation about trauma-informed care is a slow process, not a fast process. Like everything else, change is slow...You have to keep at it."* Participant 8

Even in organisations that are built on TICP principles, ongoing vigilance is needed.

> *There is always work, right? ...You can't not keep an eye on it, right? Otherwise, you think it's embedded and then it's gone and you gotta start all over again."* Participant 7

"They are all aligned": TICP is synchronous to other strengths-based and human-rights-based models and approaches

While TICP is a key focus for many CMOs, it sits alongside commitments to strengths-based approaches, place-based approaches, client-led approaches, recovery-oriented approaches, cultural safety, human-rights approaches and other community-driven ways of working. This can make it difficult to articulate the differences between TICP as distinct from other models and approaches, with many participants unsure why this distinction is needed.

> *They are all aligned. You can't be strengths-focused or recovery-oriented and not also consider being trauma-informed."* Participant 3

TICP is understood to be a way to engage in strengths-based work of other models and approaches more broadly, while also being unique in its requirements and components. There is a need to align practice to values and priorities of organisations.

Integrated approaches: Being trauma-informed is a way to engage in strengths-based work

TICP is seen to align to ways of working that are collaborative and recovery-oriented but also guides when this doesn't work, or things feel hard. Participants shared examples of using a trauma-informed lens to understand why people may not be ready or wanting to engage in strengths-based or recovery-oriented work.

> *Strengths and recovery are essentially the same thing but branded differently. They both focus on principles of autonomy and the person being the expert. They both hinge upon the relationship but there actually isn't much that tells us how to build that relationship. Trauma-informed care and practice guides the relationship."* Participant 6

TICP is recognised by participants as being criticised for being 'problem focused' but they identify that it also promotes agency and empowerment, requiring CMOs to ensure they build resilience and support people to find their own solutions. While this is inherently strengths and recovery-oriented, it can be trickier to see how it intersects with human-rights approaches in CMOs where voluntary non-restrictive care is provided. Many staff talked about a human rights-based approach being woven through everything that CMOs do.

> *We don't talk about [a human-rights-based approach] as explicitly or as much as other models or approaches but it underpins everything we do, there are times that systems or services impact human rights and we try to think about this in the work that we do."* Participant 1

Not all the same: There are unique aspects of TICP

When encouraged to consider the differences between TICP and other approaches, participants reflect that TICP models and frameworks go into much more detail about things that are just touched on in other models. They also pondered whether there is an acute need to maintain definitions of each unique model to inform how services can monitor or evaluate their implementation and ensure all parts are being enacted.

> *It's important to stay conscious of the differences between approaches- I've been asked questions, you know, when I say, oh, yes, you know, 'we do strength-based, person-centred, you know' and people said well...What does that look like?"* Participant 5

Aligning priorities: Implementation should be embedded within organisational values

Participants also reflect on whether TICP is something woven across approaches rather than a stand-alone priority, when resources are limited. This aligns to suggestions that training should be embedded into practice within organisations and linked to other aligned priorities.

Quite often a lot of conversations and a lot of the material on trauma-informed care is very separated out... you can go off and do this three-hour workshop on trauma-informed care. You can go and do this one-day workshop. It's over there. You can go and do it. Whereas... person-centeredness, human-rights... we need resources that put it all back in and show people how it operationalises...if you pull it out of its context. You miss the context... all of the layers of the context in which it is there right in front of you." Participant 13

Participants identify a risk in assuming their organisation is enacting TICP, without any way of tracking this or delineating it from other approaches. Many ask about TICP on recruitment, offer training and align policies but are not able to identify ways beyond that point to knowing whether it is being enacted by individuals.

It is possible to say you are trauma-informed and yet not be and this is very problematic. Have you met any organisations where the leadership are pretending to not be interested in trauma-informed care? I guess that would be a hugely controversial move.... But the thing is, we can say a lot of stuff... are we actually doing it?" Participant 5

"As it becomes more embedded, it also becomes more invisible": Evaluation requires adaptation of measures

As many organisations describe TICP as embedded within the philosophy of the programs, there are also recognised risks that it can become harder to recognise or demonstrate over time. Evaluating or reporting on TICP is tricky with participants identifying challenges in monitoring or communicating efforts towards TICP. There are varying opinions of how important it is to report on TICP specifically, but all agree that some form of consistency in reporting may aid in accountability and sustainability. Without careful attention, TICP can be overlooked in evaluation and reporting and devalued in funding contexts.

It's not that I think people don't want to do it. I think that it's very, very hard to implement. A lot of organisations are just restricted by their funding requirements." Participant 7

Sustainability is linked to ensuring meaningful approaches to evaluation, capturing the relational components of care, that there is ongoing attention to implementation and continued to commitments to improvement, alongside systemic advocacy efforts to ensure structural support.

Meaningful measures: diverse approaches to evaluation

Services are currently using a variety of measures to evaluate or monitor TICP within their settings. Measures include client feedback, community engagement, file audits and structured surveys (like the YES or YES-CMO survey). However, participants also recognise that this feedback can be hard to get in meaningful ways for various reasons, without burdening service users. As a result, services sometimes use other indicators like rates of self-referral or referral of family/friends. Referral of family or friends is identified as a proxy measure of trustworthiness.

> *I think that there's an indication sometimes that if you're doing things well that people feel enough trust in you and enough respect in themselves that then they can pass that on to other people that they know to seek the same support."* Participant 5

Feels different: some things are hard to measure

Participants also identify that a key outcome of TICP is how it feels to access services, which is not always measurable. Staff recognise that people can 'feel' when a service is trauma-informed and that the feeling and long-term impacts of this can be immeasurably important to clients and families.

> *I'm] hoping that [TICP] bleeds through in all of the service delivery so that regardless of all the distinctions in what we're doing, that there's a feeling underneath it, I guess. And that feeling is something that you want somebody to absorb when they come in, when they're working with somebody, when they're talking to the caseworker or the counsellor for the first time, that the requisite respect and respect safety is there. I think it's pretty important."* Participant 5

> *People know when they're getting [TICP], people know when they're experiencing it, if it feels right. If you feel like you're going to an organisation, and you feel like you're being respected... the lowest hanging fruit that you can reach for is - I've come in somewhere and I feel like I've been listened to, and I feel like there's empathy and I feel like I'm being respected."* Participant 6

Embedded but not lost: a need for ongoing reporting

Participants who have worked within the CMO sector for a long time recognise the importance of ongoing monitoring and evaluation, despite the challenges of identifying proxy measures. Focusing on short-term outcomes alone is considered not to be a trauma-informed approach.

> *we've been doing this, taking outcome measurements from the clients for 20 years. And I can tell you that over time, you can see it, everybody has an initial improvement I think that's just by virtue of...getting help. And there's often a period in the middle where it's like [up and down] Right. But then... what we see is by far and large the greatest improvement that we see in outcome measurements comes from 50 sessions on. 50 to 75, yeah. Because people are still stabilising... but a lot of organisations just don't have the scope to do that."* Participant 8

Many services have mechanisms of consistently tracking staff and using client surveys, client engagement and referral, staff sick leave, retention rates, and client outcomes which they identify could potentially be matched to TICP if needed and this could be important in ensuring ongoing resourcing.

> *[TICP is] hard to measure, hard to even imagine that we need to. But as it becomes more embedded, it also become more invisible. We talk about it less as we do it more, but that can lead to risks of it getting lost. It's a good idea to think about how to evidence it. In values-based leadership, we just move towards it as the 'right' way, but we can't assume this will always be the case...How do we know our service is trauma-informed? how does that then improve things for staff? and then how does that improve stuff for clients?"* Participant 1

Knowing it works: commitment continues without data

Despite a lack of consistency in evaluation and monitoring approaches for TICP, participants identify benefits of TICP in how they feel in their work, and in connection with clients. This is in part what has ensured TICP continues even without structured reporting or measuring.

> *I think we encourage it. We don't track it in a really sophisticated, specific way."* Participant 5

> *Well, it's better for everyone... I don't really see any negatives in being trauma- informed."* Participant 2

Some services that have progressed significantly with implementation reporting that is auditing client files to see evidence of trauma awareness and documentation of what would make people feel safe within services. For example:

> *I think first up is, are we even asking about a trauma history? I mean that's a really easy one to be able to see in a client file. You know, are we actually taking the time to understand what underpins a person's presenting concerns."* Participant 7

Systemic advocacy: The need for reporting and systemic awareness

Parts of the sector that oversee funding and reporting identify that they don't ask specifically for reporting on TICP, as it is something expected in an ongoing way, but not something that will necessarily change over time. However, this is not to say they aren't interested in receiving feedback and data about TICP.

> *If a provider put something in [a report] about work they've been doing around increasing trauma-informed care. Or if they did a special project on it, we'd be really interested in that... but we wouldn't tend to bring it up proactively, like... 'what have you done this quarter to be more trauma-informed?"* Participant 9

While services strive to find ways to evaluate and measure TICP, they also recognise that this is only one part of what is needed. Organisations, leaders and advocates endorse a need for ongoing efforts to ensure systemic approaches to TICP.

> *Trauma-informed care ...it's not reductionist. Right, it's the opposite to reductionism. And so we need, we have to, keep pushing for better quality of service provision."* Participant 8

> *Because we have always been [trauma-informed], there is a risk. Now we are getting more professionalised...We're getting people into leadership roles who don't have that knowledge... I guess in order to function in the competitive world of tenders and funding and all of that...you know we're bringing in these shiny people... when the people that have never struggled end up in the management positions, they can't possibly understand that when they make a change, it impacts."* Participant 12

Implications for resources

This consultation has several implications for the development of future TICP resources, including areas to target. Across the review, participants had only positive feedback about the existing MHCC resources and were supportive of ongoing development and promotion of these, while also considering more targeted and systemic approaches.

The review also identified long-standing commitments to being trauma-informed within the CMO sector with ongoing efforts towards implementation, and challenges related to workforce wellbeing, evidence and reporting, intersecting with other agencies and sustaining change.

Participants were keen to receive ongoing support with TICP, including sustained attention to education, training and organisational guidance. Many organisations are developing internal trauma-informed frameworks that are adapted to their settings and that guide service delivery. However, in addition to these, leaders are seeking support with consistent ways to measure or evaluate TICP and support with advocacy at tender, funding and reporting levels.

The elements of the scoping of the literature and community consultation should be combined to enable the development of resources base on global knowledge and local practice wisdom. This is depicted in figure 1 below:

Figure 1: Outcomes of the Review

RECOMMENDATIONS

The findings of this review support the need for ongoing resource development to reflect the unique context and needs of the Mental Health CMO sector in NSW.

The needs of the sector are distinctive, and there are no existing resources outside of TICPOT that adequately address sector needs.

The TICPOT tool and resources remain relevant and beneficial (including across other service contexts) but as many services develop and implement their own frameworks and practice guides, new needs are generated around resource consolidation, advocating for trauma-informed change and generating consistent 'measures' of implementation within organisations, and the broader context.

While resources should be developed in collaboration with the sector, a number of recommendations to guide this process can be made from the scoping review.

Recommendation 1

Develop contemporary, accessible, and localised TICP resources for the CMO sector

The influx of resources and ongoing efforts towards implementation support the need for up-to-date specific, and localised resources for the CMO context in Australia, matched to current levels of implementation. Services value trauma-informed resources that are:

- **Free, digital and accessible** resources on aspects of operationalising concepts into their sector.
- **Designed for the CMOs unique structure and workforce mix.**
- **Encompass emerging evidence of trauma, and frontline practice wisdom** including a lens of societal, systemic and institutional contexts of trauma recognition of the disproportionate impacts for some communities, including First Nation peoples.

While maintaining a focus on trauma is crucial for concept clarity, there is need to position TICP alongside other aligned initiatives as symbiotic rather than stand-alone. Grappling with the overlap and distinct elements of TICP and other strengths-based, and rights-based approaches is an ongoing priority. Resources should include practice wisdom and opportunities for knowledge sharing across the sector.

Recommendation 2

Embed practical measures and evaluation tools into TICP resources

There is a growing requirement for trauma-informed organisations to demonstrate impact to support their funding requirements and uphold quality and safety standards, as well as for assurance to people accessing their services. Much is known about implementation, but there remains a need for consistency of approach. Future TICP resources should support CMOs to:

- **Report, monitor and identify existing and potential points of measure and reporting for TICP.**
- **Find ways of evidencing and communicating change to enable sustainability and systemic advocacy.**
- **Identify meaningful, values-led indicators of implementation.**
- **Map existing activities to measurable outcomes to support targeted evaluation.**
- **Tailor reporting tools to meet internal needs as well as external funder requirements.**

These actions will enable organisations to capture and communicate change clearly, make invisible work visible, and advocate for systemic reform based on localised data. This will also inform sustainability and systemic advocacy.

Recommendation 3

Resources should support sustainable organisational-level change across all system levels

There is a need to focus on sustainable and maintainable organisational-level changes, emphasising the need for leadership to support systemic, organisational, and workforce approaches.

To support systemic and sustainable implementation, future resources for the CMO sector should focus on:

- **Trauma-informed program design and funding proposals** for tenders and grant applications.
- **Embedding TICP into contract management, KPI frameworks, reporting and evaluation** (internal and to funders).
- **Strengthening cross-sector collaboration**, especially with non-TI public systems.
- **Sustaining trauma-informed practice** for clients and staff.

A multi-level approach would support organisations to mobilise TICP up into systems, across into intersecting organisations and into support for the workforce and service users.

Within the CMO sector, in the context of contracts, tenders and short-term funding, a focus on accessible resources, sustainability in implementation and structural change at the funder level is crucial. This includes advocating for attention to KPIs and reporting requirements.

NEXT STEPS

To support the translation of these recommendations into policy and practice, there is a need to:

- **Identify budget and funding sources to meaningfully develop and implement an organisational resource to support sustaining TICP in the Mental Health CMO sector in NSW, while advocating for systemic support.**
- **Identify key people from across the sector to collaborate as part of the development to ensure ongoing links to existing practice and context.**

To guide this process, a draft overview of organisational domains that fosters trauma-informed care and practice in CMOs has been developed, based on existing resources including TICPOT, as well as new knowledge generated through the review. These domains and their matched points of reflection, measure or reporting should be refined in consultation with the sector.

Trauma-Informed best practice organisational domains

Trauma-informed care and practice in the community-managed mental health sector

INTEGRATING CARE

Trauma-informed systems

- Provide systems of care and services that are comprehensive, sustainable and address whole of person needs
- Establish mechanisms for open dialogue between service providers, consumers and carers across service systems
- Are informed by current knowledge, theory and best practice treatment including respect for the experience and knowledge held by service users, the peer workforce, carers, community and kin
- Recognise and support the unique needs of mental health Community Managed Organisations
- Support secure employment, fair renumeration and funding models led by organisational and community needs
- Endorse funding and tender models which allow for staff training, orientation and supervision as part of program delivery
- Monitor and expect performance indicators and data which reflect experiences of care including safety and trust
- Identify the components needed for a comprehensive, continuous, integrated and sustainable system and increase capacity by cross-sectoral training, modification of services and the addition of new service components that are co-designed by people with lived experience
- Identify ways to facilitate integration of TICP into all organisations and ensure that this is articulated, monitored and measured as part of tendering and funding reporting
- Provide the required resources and sustainable funding models for organisations to build and sustain TICP, as well as structurally supporting accessible and relevant training and support for leaders and executives

HEALING HAPPENS IN RELATIONSHIPS

Trauma-informed organisations

- Align practice and policies to their organisational values
- Maintain processes to respond empathically to distress, including amongst the workforce
- Use supportive and non-stigmatising language in all communications
- Offer individually flexible approaches which address and prioritise psychological safety of the workforce and clients
- Recognise and minimise re-traumatising practices
- Provide ongoing and up-to-date education and support to professionals across all service settings to support them to recognise and respond to the impacts and experiences of trauma
- Structurally support trauma informed leadership through mentoring, education and professional development
- Listen to feedback from staff, clients, carers and community and take reparative actions to improve practice
- Recognise the disproportionate impacts of trauma upon specific populations, including Aboriginal Peoples
- Sustain TICP as integral to organisational culture, practice and policies, including through evaluation
- Consider the alignment of models, values and approaches to ensure clear communication and expectations for staff
- Recognise and celebrate organisational, workforce and individual achievements, while managing challenging situations and dynamics in predictable and transparent ways.
- Advocate for funding, employment and work conditions which support wellbeing

ENSURING CULTURAL COMPETENCE

SHARING POWER AND GOVERNANCE

RECOVERY IS POSSIBLE

UNDERSTANDING TRAUMA AND ITS IMPACT

Trauma-informed workforces

- Support a 'universal precaution' approach to trauma sensitivity
- Provide early and thoughtful formulations of client needs with focused consideration of trauma, resilience and coping
- Are supported to offer care and practice in ways that are sensitive to the presence of trauma in people's lives
- Actively recognise that trauma may play a role in people's willingness to access care and their experiences of mental health, psychosocial disability and treatment, including because of shame and self-blame.
- Have access to relevant and specific professional development, education and support to ensure knowledge of trauma and how it impacts upon people accessing their service
- Have opportunities to provide feedback about their work and workplaces to improve experiences for staff and people who access services.
- Have access to preventative and responsive pathways for vicarious, secondary and workplace trauma
- Have opportunities for intersectoral collaboration, shared ways of talking about trauma and targeted training.
- Have adequate support, training, clinical and practice supervision, workloads and opportunities for self-care
- Have access to relevant and specific education to support them to recognise and respond to the impacts of trauma in their context
- Have secure employment, job security, and fair and equitable renumeration
- Support workplace cultures which accommodate diversity of expertise and experience

Trauma-informed client services

- Recognise that trauma may play a role in people's experiences of mental health conditions, psychosocial disability and accessing care.
- Are delivered in ways that prioritise trust, safety and everyday human-rights
- Respond to the needs of community and individuals through flexible and accessible care
- Recognise community, kin and family relationships as part of recovery
- Recognise the importance of culture in understanding and healing from trauma and distress
- Are delivered in ways sensitive to shame
- Incorporate awareness of trauma into care delivery
- Respond empathically to distress, be objective and use supportive and non-stigmatising language
- Include the perspective, input and values of the client in all aspects of care and treatment
- Provide regular opportunities to revise goals of care
- Prioritise safety, choice and autonomy
- Meet the needs of communities and individuals

SUPPORTING CONSUMER CONTROL, CHOICE & AUTONOMY

PROMOTING SAFETY

Researcher reflections

The process of undertaking the consultation across the CMO sector was rewarding and thought-provoking. I was moved by the generosity of all who agreed to participate in the consultation and who shared extensive practice wisdom with me, despite me being a researcher external to the sector. Having worked alongside the CMO sector for much of my career, but never within it, I thought I understood the nature of the sector but hearing the lived experiences of those working within it led me to deeply reflect upon the passion and commitment within the organisations.

In public mental health services where I have largely worked, as well as government and affiliated organisations, I have been part of a lot of work related to TICP over many years. I have observed that there is a lot of fuss around TICP, but it is not always translated into practice across organisations in ways that can be felt or seen. In speaking with leaders across the CMO sector, I was humbled by the longstanding commitments to TICP as core to work being delivered, rather than an added on extra. The way that TICP was woven into the ways they talked about their staff and clients and into all of the structures of the services was palpable. Many came to the interviews unprepared and yet were able to talk with ease about the many ways they see and do TICP within their services.

I was moved by the commitment of leaders to supporting TICP at all levels and the everyday hustles underway to ensure and maintain adequate funding and resources to do the work.

The length and depth of engagement with TICP within organisations meant that the conversation could easily shift to deeper considerations of how we can measure and sustain TICP, beyond implementation, and what it means to be TI within community-managed and lived experience-led organisations. This was the case across all organisations that participated, be they small, large, lived experience-led or conventionally led, newly established or long-established.

Alongside awareness of the depth of commitment to TICP across the sector, it became apparent that there are systemic limitations deeply embedded within the sector, including insecure employment and inadequate remuneration, as well as short-term funding agreements and high turnover of staff that makes the multi-level TICP challenging. However, within that context, leaders of services demonstrated creative and committed approaches to 'making it work' and advocating for their staff, clients and communities. When I thought about 'what it all meant' as I moved through the consultation, I reflected on how highly staff spoke of existing MHCC resources and the importance of having resources contextualised to the sector, I understand from MHCC that TICPOT is the resource most accessed from MHCC's website.

I reflected on the need to support leaders who are trying to ensure trauma-informed tenders, budgets, workforce strategies and supports, and the need for accessible and straight forward resources that can support sustainability and evaluation of TICP and facilitate keeping the work across the sector visible and communicable.

While participants saw an overlap between TICP and other approaches and models, I was encouraged to see that it also retains a focus on its unique elements and components that they view as directly relevant to their work. Participants were supportive of the need for ongoing resource development, to build on existing available tools, to inform and support their work.

There were also limitations to this review. These include that only interested and engaged individuals participated which may have skewed the findings towards more positively reflecting engagement with TICP across the sector. Additionally, a survey designed to ensure that staff at all levels of organisations had a chance to contribute failed to get adequate responses to be included here. And finally, while all services provide care to diverse communities including populations with large Aboriginal communities, there were no Aboriginal-led or specific organisations that participated. The knowledge and experience of Aboriginal people in relation to TICP is well known to be longstanding, embedded and reflective of historical and ongoing harms experienced by Aboriginal communities in Australia and the subsequent need for any service who works with and alongside Aboriginal communities to engage in consultation and listening with Aboriginal people.

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APPENDIX 1: CONSULTATION GUIDE

- What part of the sector do you work in? How long have you worked in this sector?
- What does TICP look like in your service? (prompt for the history, implementation and application)
- What is unique about TICP in the CMO sector (prompt for broadly and in their specific context)
- How have you observed it being implemented? (prompt for practice level, policy level, organisational level)
- What resources have you found helpful in implementing TICP as a practice approach? (guides, frameworks, toolkits etc)
- Have you seen changes in relation to TICP in the time you have worked here? (prompt for history and what has made a difference)
- What difference do you think TICP makes in services like yours? (prompt for staff, workforce, clients, family and carers)
- How do we know that it works? (prompt for types of evidence and what is an outcome)
- Why do you think TICP has gained such traction across sectors? (why do people like it, or think it is important?)
- How do you see TICP intersecting with other approaches across the sector (for example Recovery or a Human Rights Approach)?
- Do you know if your organisation reports on TICP practices as part of accreditation to standards?
- What support do you or your organisation need to progress or sustain TICP in your setting?

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