Research Report

Implementing a trauma informed framework in a disability non-government organisation

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Contents

Executive Summary

In July 2013 the National Disability Insurance Scheme (NDIS) was launched, pledging to "revolutionise disability services." The full national rollout of NDIS is due to be completed in 2019 at an estimated cost of approximately $37billion (Daley, McGannon & Hunter, 2014). The advent of the NDIS heralded a revitalisation of the disability service industry's modus operandi. The scheme signalled a ground-shift in the disabilities landscape and it consequently underwent a renaissance. During 2015 and 2016, House With No Steps (Southern Region) undertook a bold and courageous move to begin work towards integrating a trauma informed framework into their day-to-day practices at two trial sites. Implementing an innovative framework was always going to be a high-risk endeavour, however, the underlying perception was that the benefits outweighed the risks. The gamble was offset by the intended quality of life outcomes for customers and staff, and the need to position House With No Steps (Southern Region) as a forerunner in the industry with the impending NDIS rollout in 2017.

In 2015, the Regional General Manager (Southern Region) initiated the Trauma Informed Framework trial and received endorsement from the Executive General Manager and Chief Executive Officer. The Regional General Manager (Southern Region) then secured research funding from the Ageing, Disability and Home Care (ADHC), Department of Family and Community Services (FACS) for Western Sydney University (WSU) researchers (Gray and Tracey) to investigate the impact of an innovative framework for supporting Australians with an intellectual disability. The trauma informed framework was designed to address the multilayered level of distress experienced by people with an intellectual disability, whilst simultaneously attempting to improve their safety and quality of life. A systemic or ecological approach was adopted, whilst trialling an innovative support framework focused on trauma outcomes and prevention strategies. Implementation was achieved by combining existing community services including: House With No Steps (Southern Region); Statewide Behaviour Intervention Service ADHC, FACS, and the ADHC Illawarra Shoalhaven District, and through the employment of a Trauma Informed Practice Specialist to implement the strategic direction of the Senior Management team at House With No Steps.

The magnitude of the existing societal problem is summed up well by the Australian Institute of Health and Welfare (2008):

> 'Almost 3% of Australians have an intellectual disability, with a significant number of those people requiring care at home and in the workplace. Unfortunately, despite recent reforms that acknowledge the diverse cognitive and autonomy-based needs of people with intellectual disability in Australia, the incidence of trauma within this group is alarmingly high. These people may be traumatised by certain care practises, communication breakdowns, and sexual or other forms of abuse. They may have difficulty accessing trauma support services themselves.'

Design and Aims

The research project investigated the preliminary efficacy of adopting a trauma informed framework within two sites at HWNS (Southern Region). Data was systematically gathered toward the end of a 12-month period from key stakeholders and customers, using one-on-one interviews and/or focus groups to ascertain the framework's efficacy. In essence, the intervention was delivered as an overview of what was currently known from research about the impact of adverse experience, neglect and abuse on neuro-development, attachment, and adaptive functioning. It also provided principles needed to support effective practice responses to those who have experienced, or may experience, trauma.

The three research questions were:

- What is the perceived impact on the organisation of implementing a trauma informed framework?
- What factors are critical to the successful implementation of a trauma informed framework?
- What factors undermine the successful implementation of a trauma informed framework?

Impact was ascertained by accessing a vertical slice of the organisation with 25 interviewees: direct support workers (N=11); members of the steering committee (N =2); customers (N =2); managers from Southern Region (N =7); a trauma informed specialist (N =1); and head office managers (N =2). Focus group and one-on-one interviews were utilised to measure impact at the workplace, customer and managerial level.

The results include:

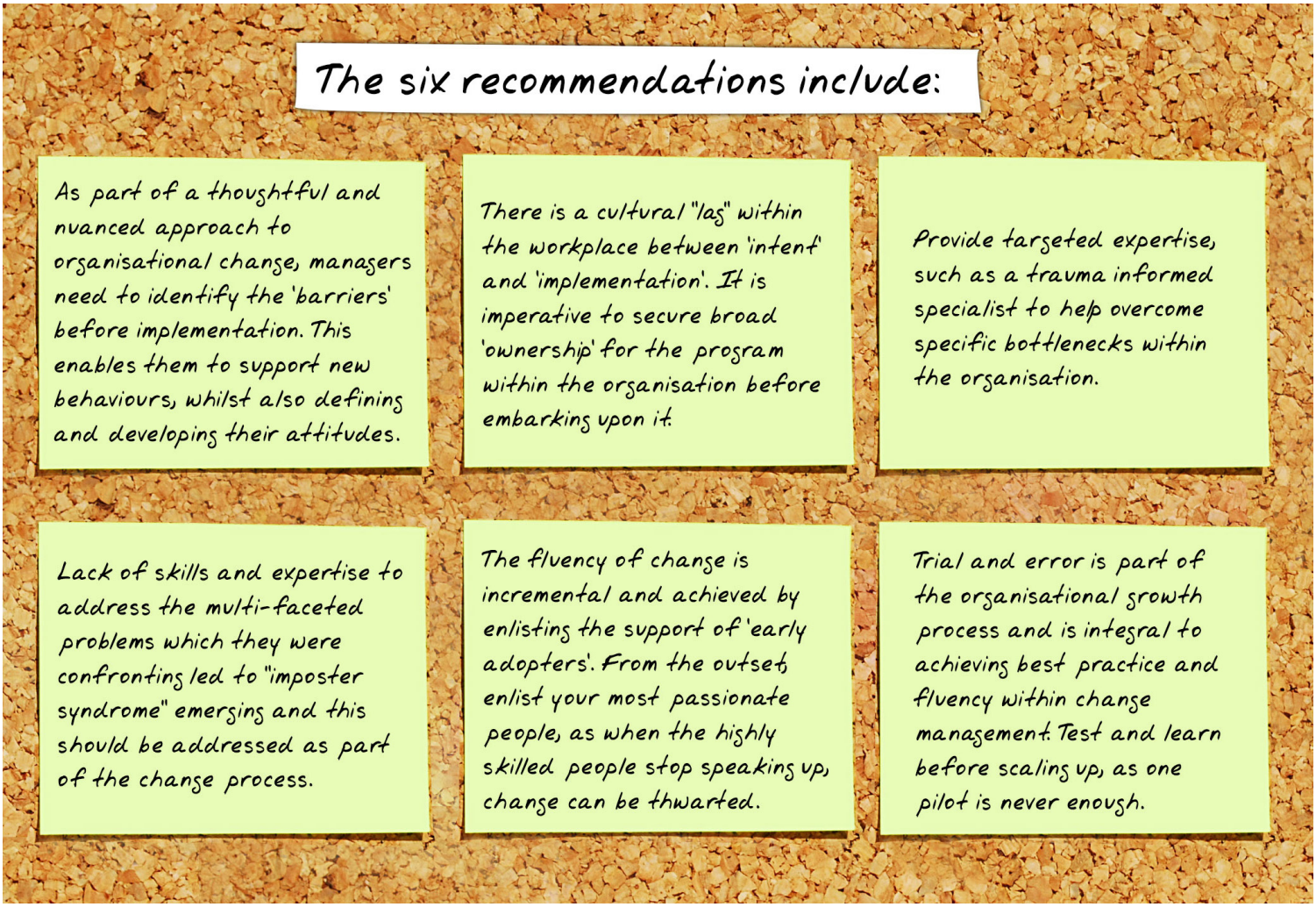
Finding 1: The perceived impact of implementing a trauma informed framework was voiced in a range of responses, both positive and negative. Positive responses included sentiments such as: improved knowledge base, self care, safety, co-regulation and reflective practices which position the organisation as an innovative leader in the field. Others expressed: enhanced self-confidence, heightened empathy, whilst also feeling hopeful, excited, committed, passionate and emboldened. The negative responses include: concerns about exhaustion, frustration, and suffering from imposter syndrome. Analysis demonstrated that the most compelling positive outcomes were reported at the level of *customer, direct support worker, senior manager* and *organisational*. Indeed, the trial resulted in significant organisational shifts almost immediately.

Finding 2: The *enablers* critical to the successful implementation of a trauma informed framework included: 1) having safety and trust in the team; 2) having a trauma-informed specialist in the team; 3) enhanced knowledge; 4) the personal attributes of staff; 5) shared belief in the trauma informed framework; and 6) the shift in dialogue within teams.

Finding 3: The identified *barriers* which undermined the successful implementation of a trauma informed framework included: 1) managers not acquiring the skills or resources to drive the initiative within the organisation; 2) perceived lack of a clear action plan; 3) a perceived absence of systemic support; 4) customers needed information about the new framework; 5) the perceived need for more clinical support, coaching and supervision; and 6) inadequate orientation to the customer.

Conclusions and Recommendations

Against this backdrop, our final report is intended to inform frontline organisational change and to provide guidance for future refinement for those planning to adopt the trauma informed framework.



In conclusion, being at the forefront of organisational change is never an easy task and requires embracing vulnerability. The trauma informed framework achieved substantial traction within a short time period. From a research perspective, it is hoped these findings and workforce implications for adopting similar frameworks, will inform future implementation and practices.

One Page Infographic

'The biggest risk to an organisation is when the most passionate people stop speaking up'

25 PARTICIPANTS INTERVIEWED

	♀	♂	=
Customers	0	2	2
Direct Support Workers	7	4	11
Managers from Southern Region	7	0	7
Trauma Informed Practice Specialist	1	0	1
Managers from Head Office	1	1	2
Members of the Steering Committee	1	1	2

'Almost 3% of Australians have an intellectual disability'

The perceived impact of implementing a trauma informed framework was articulated in a range of responses, both positive and negative.

House with No Steps

Positive responses included sentiments such as:

hopeful, excited, committed, passionate, clarity, bold and innovative

The negative responses others mentioned included

drowning, concerned, frustrated, disappointed and suffering from imposter syndrome.

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'It is going to be overpowering, and we are going to be shocked. And we will grow from that'

Background to the Research

Project Background

Across the globe, and within Australia, people with intellectual disabilities are vulnerable to poverty and exclusion (Inclusion International, 2006) and lowered standards of community participation and quality of life (Australian Government, 2009; Pricewaterhouse Cooper, 2011). This dire situation not only places a heavy burden on individuals and their families, but on society as whole (Deane, 2009).

More alarming, however, is the realisation that individuals with intellectual disabilities are exposed to traumatic experiences, such as violence and abuse, at disturbingly high levels (McEachern, 2012; McLean, 2016; Mikton, Maguire, & Shakespeare, 2014; Wilczynski, Connolly, Dubard, Henderson & Mcintosh, 2015). Consequently, individuals with intellectual disabilities are positioned as amongst the most vulnerable individuals in our community. This predicament is both untenable and unacceptable.

Despite considerable efforts across the arenas of education, health, and government policy to assist individuals with intellectual disabilities, people with intellectual disability continue to be susceptible to a life of adversity (Bartlett, 2012; Venville, Sawyer, Long, Edwards & Hair, 2015). Traditionally, services and systems to support individuals with intellectual disabilities have largely focused on their level of intellectual capacity and adaptive functioning, in order to optimise their quality of life (Ashman, 2014). The high incidence of exposure to traumatic experiences, and the psycho-social ramifications of such experiences have, for the most part, remained largely ignored (Venville, et al., 2014).

Conceptualising inclusive research for people with intellectual disabilities has recently been subject to the researcher's microscope (Bigby, Frawley & Ramcharan, 2014). Likewise, significant government reforms have emerged that promote self-determination and societal participation for people with intellectual disabilities (Deane, 2009; Fallot & Harris, 2009; Iriarte, McConkey & Gilligan, 2015). In Australia, both the National Disability Strategy 2010-2020 (Council of Australian Governments, 2011) and the National Disability Insurance Scheme (NDIS) Act 2013 signal a climate of change whereby the experience of people with disabilities is now firmly placed on the national agenda (Bigby, 2013). As such, it is timely for disability services to re-conceptualise the systems and practices they provide to individuals with intellectual disabilities. This will ensure that they meet the needs of this population and advance their quality of life (Jackson, Waters & Abell, 2015; Raftl, Rudman & Roberts, 2015).

Implementing a Trauma Informed Framework

In response to the high incidence of trauma and a desire to improve systems and practice, the Regional General Manager (Southern Region) initiated the Trauma Informed Framework trial and received endorsement from the Executive General Manager and Chief Executive Officer. Following this endorsement from senior management, the Regional General Manager of House with No Steps (Southern Region) partnered with the Illawarra Shoalhaven District, and Statewide Behaviour Intervention Service ADHC, FACS to begin work towards implementing a trauma informed framework for supporting people with intellectual disabilities. The framework adopted an ecological approach and sought to influence the systemic nature of House With No Steps (Southern Region), as well as improving interactions between the workforce and customers. In an effort to advance workplace practice through evidence-based research, ADHC, FACS and House With No Steps (Southern Region) were committed to evaluating the impact of the implementation of the framework.

The *Taking Time Framework* (Jackson & Waters, 2015) —a trauma informed practice framework for people with intellectual disabilities—guided the development of the project under investigation. The following objectives were central to the House With No Steps (Southern Region) implementation strategy (Tebb, 2016):

- Provide the underlying principles and practices to facilitate House With No Steps (Southern Region) to improve its ability to be responsive in achieving helpful, relational and collaborative outcomes in difficult or complex situations while reducing reactivity and unhelpful directions around the same.
- Offer an organisational and practice perspective that promotes the realisation of the prevalence and effect of trauma. The outcomes are seen as a way to reduce re-traumatisation, facilitate healing, strengthen reflection on practice and self-care approaches, and improve the broader system's responses.
- Deliver guidance to create an overall enhancement of their ability to meet obligations in accordance with the United Nations Convention on the Rights of Persons with Disabilities 2008 and the Disability Inclusion Act 2014.

Recognising and shaping activities in consensus with contemporary trauma-informed culture and practice is an underlying goal of House With No Steps (Southern Region), and the broader industry in which it is nested. The following definition of trauma informed practice is provided by the Taking Time Framework (Jackson & Waters, 2015):

> A program, organisation, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, p. 9)

Related Literature: Implementing Change Within Organisations

Initiating and implementing transformative change is an enormous undertaking (Schwarz, et al., 2006; Senge, 2006). As an organisation, House With No Steps (Southern Region) was considered both aspirational and courageous signalling their desire to integrate a trauma informed framework into their day-to-day practices during 2015-16. This vanguard move was heralded as not only ambitious, but also deemed by upper senior management to be a 'point of difference' for positioning HWNS as a leader within the industry.

Evidence-based research suggests that systemic and complex change across any organisation should start where people are most comfortable (Blackburn et al., 2011; Senge, et al, 1999). Furthermore, the ability to shape and drive large-scale transformational change within the organisation is pivotal to maintaining high performance over a sustained period. It is well acknowledged that leaders and managers of successful transformational change should articulate their desired end state in a compelling and meaningful narrative. Importantly, Blackburn et al. (2011) caution:

> '(the change) story should be co-created by employees to build ownership and should answer their questions about why change is needed, how it will affect them, what it will look like, and how they can support it through their behaviour and actions' (p.6).

Predicated on this stance, organisations embarking on major structural transformation will be hoping

to achieve an incremental 'step-change' end result. Change can be fraught with resistance and uncertainty, but done skilfully, it can be exciting and rewarding. When enacted in a piecemeal fashion, however, change can be divisive and marginalising. The magnitude of the House With No Steps (Southern Region) change 'venture' is depicted in the following steering committee member comment:

"It is going to be overpowering, and we are going to be shocked. And we will grow from that."

Extant literature shows that transformations are three times more likely to succeed if they systematically identify the enablers and barriers to effective implementation and design mechanisms to address them (Keller & Aiken, 2009; Keller, Meany & Pung, 2010; Rogers, 2010). In the ideal world, change should be achieved incrementally and accomplished by enlisting the support of 'early adopters' (Rogers, 2010). Once employees 'buy-in' to the change processes, (also referred to as the 'enablers'), the organisation can then move methodically through the pockets of resistance to recruit the support of the 'late adopters'. To this end, the project's trauma informed specialist remarked:

"Systemic change happens in pockets until others 'buy in' … like a ripple effect. And we must be mindful we are constructing change in small patches."

Notwithstanding these inherent challenges, House With No Steps (Southern Region) made a commitment to integrate the trauma informed framework and begin this process with a twelve -month designated project. The recognition and promotion of the interconnectedness of decision making, practice, policy, and shared governance underpinned the project. The framework also helped adjust organisational structures and practices to promote sensitivity to being customer focused, and to recognise that organisational culture impacts customer engagement and responsivity.

Knowledge, awareness and training were proposed to be supported within a layered approach through three levels: personal; practice; and organisational levels of skill building and empowerment (Tebb, 2016). These include:

1. **Personal level** – engagement and linking trauma though self-awareness and self-compassion, understanding vicarious trauma, compassion fatigue and burnout. Examples are through running training and groups that develop psychological flexibility skills to support staff's ability to self-regulate and manage stress.

2. **Practice level** – trauma awareness, supporting language and practice that normalises a person's response and reframes from a strength-based perspective. This can be achieved through practices such as mentoring staff to use a trauma informed approach in developing support and safety planning documents, engaging in reflective practice sessions.

3. **Organisational level** – supporting a governance framework that promotes organisational congruence across all levels of service and management. This begins through the development of a shared understanding of responsibility and linkages to the organisation's benchmarks and strategic plans already in place.

Research Aims

This study seeks to contribute to the emerging body of empirical research investigating the implementation of a trauma informed framework to support the well-being of individuals with intellectual disabilities. The findings and subsequent recommendations aim to provide direction for future practice within House With No Steps, Illawarra Shoalhaven District, ADHC, FACS, Statewide Behaviour Intervention Service, ADHC, FACS and other interested service providers.

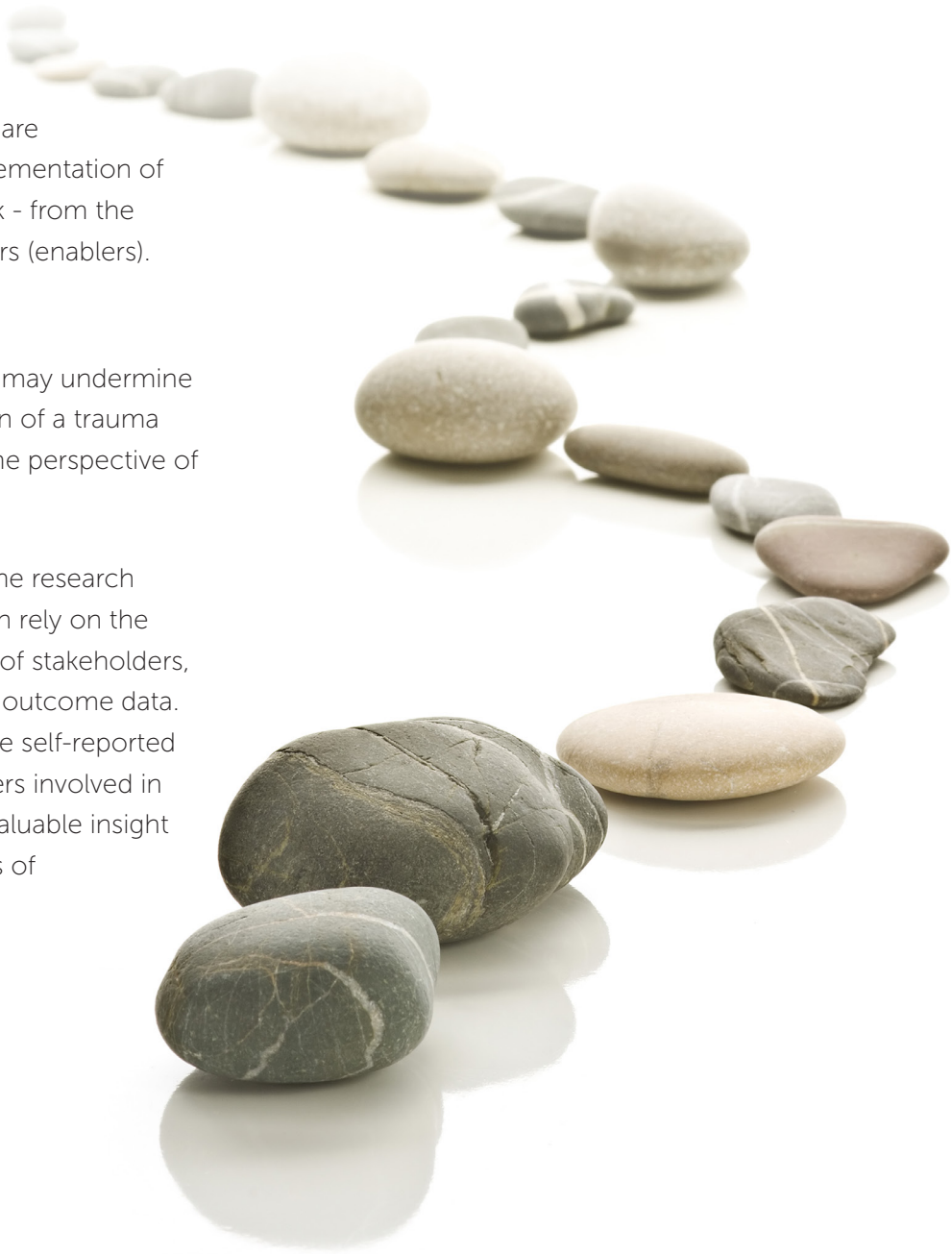
More specifically, the research addresses the following three aims:

Aim 1:
To ascertain the impact of adopting a trauma informed framework on the organisation, their employees and customers - from the perspective of key stakeholders (impact).

Aim 2:
To determine the factors that are critical to the successful implementation of a trauma informed framework - from the perspective of key stakeholders (enablers).

Aim 3:
To determine the factors that may undermine the successful implementation of a trauma informed framework - from the perspective of key stakeholders (barriers).

It is important to recognise that the research questions and the research design rely on the subjective self-reports of a range of stakeholders, rather than objectively measured outcome data. Understanding and comparing the self-reported perceptions of various stakeholders involved in the initiative, however, provides valuable insight into the processes and outcomes of the initiative.



Method

Research Design

A community-based participatory research (CBPR) model was adopted to elucidate the research aims. The CBPR model is characterised by three main pillars (Centre for Community Based Research, 2016): 1) it is community situated whereby the focus of inquiry originates from a topic that has significance to the community and the research is conducted in a community setting; 2) it is collaborative whereby community members, organisational representatives and researchers are involved in all aspects of the research process (Minkler & Wallerstein, 2011). As such, all members contribute "unique strengths and shared responsibilities" (Green et al., 1995, p.12) to shape the research design, implementation and dissemination; and 3) the research is action-orientated whereby the process and results are useful to the community members and endeavour to promote positive social change.

To enact a CBPR model, a Steering Committee was formed at the beginning of the research project and remained active throughout the project. A total of 13 members formed the Steering Committee and Table 1 depicts the background of the members.

A post-intervention qualitative methodology[1] (Creswell, 2009) was adopted to address the stated research aims. The Steering Committee identified that interviews and focus groups should be conducted towards the end of the project to ascertain key stakeholder's perceptions of the implementation of a trauma informed framework within the organisation. A purposeful sampling technique was recommended whereby customers from two service-delivery sites were invited to participate in the research. These sites were chosen as they were the sites selected by the organisation to trial the trauma informed framework. In order to understand the customer, workforce and systemic experience and influencing factors, members of the higher-level management team were also invited to participate in the research.

1. Throughout this project, the Steering Committee recommended that a pre and post design be adopted: all employees are surveyed at two time points to measure perceived change. The researchers designed this survey outside the parameters of this project and adapted both pre-existing measures and constructed new measures using the Delphi Technique. The House With No Steps Executive decided not to incorporate this additional data source due to other organisational considerations at the time of the project. Consistent with a CBPR model, this advice was followed. It is envisaged that this survey may be applied in future projects.

TABLE 1. MEMBERS OF THE STEERING COMMITTEE

Organisation	Position
House With No Steps (Southern Region)	Regional General Manager
	Area Manager
	Support Manager
	Human Resources Manager
	Trauma Informed Practice Specialist
	Rights in Practice Advisor
	Practice Excellence Advisor
Family and Community Services	Manager, Statewide Behaviour Intervention Services
	Senior Operations Manager, ADHC
SAL Consulting	Partner, Principal Psychologist
Western Sydney University	Senior researcher

Participants

Purposeful sampling was used to identify sites for recruitment. The steering committee recommended that all customers, direct support workers and managers at two sites who received the highest level of support throughout the initiative, be invited to participate. The steering committee also identified other key management positions, both within the Southern Region and Head Office, who were critical to the adoption of a trauma informed framework and recommended that their participation also be sought.

The number of participants totalled 25 (16 females and 9 males). Participants included four primary groups: customers (N=2), direct support workers who have direct contact with customers (N=11), members of management who do not have direct contact with customers, but have a range of responsibilities for guiding the work of the organisation (N=10), and members of the steering committee who were employed outside the organisation, but contribute substantially to its work (N=2). Table 2 provides further details about the participant groups. Figure 1 shows the governance structure of House With No Steps nationally while Figure 2 shows the governance structure of House With No Steps (Southern Region). Importantly, these figures show the location of the participants within these structures, as indicated by yellow highlighting.

TABLE 2. PARTICIPANTS

	Females	Males	Total
Customers	0	2	2
Direct support workers	7	4	11
Managers from Southern Region	7	0	7
Trauma Informed Practice Specialist	1	0	1
Managers from Head Office	1	1	2
Members of the Steering Committee who were not employees	0	2	2
TOTAL	**16**	**9**	**25**

Figure 1.

House With No Steps National Structure and location of participants

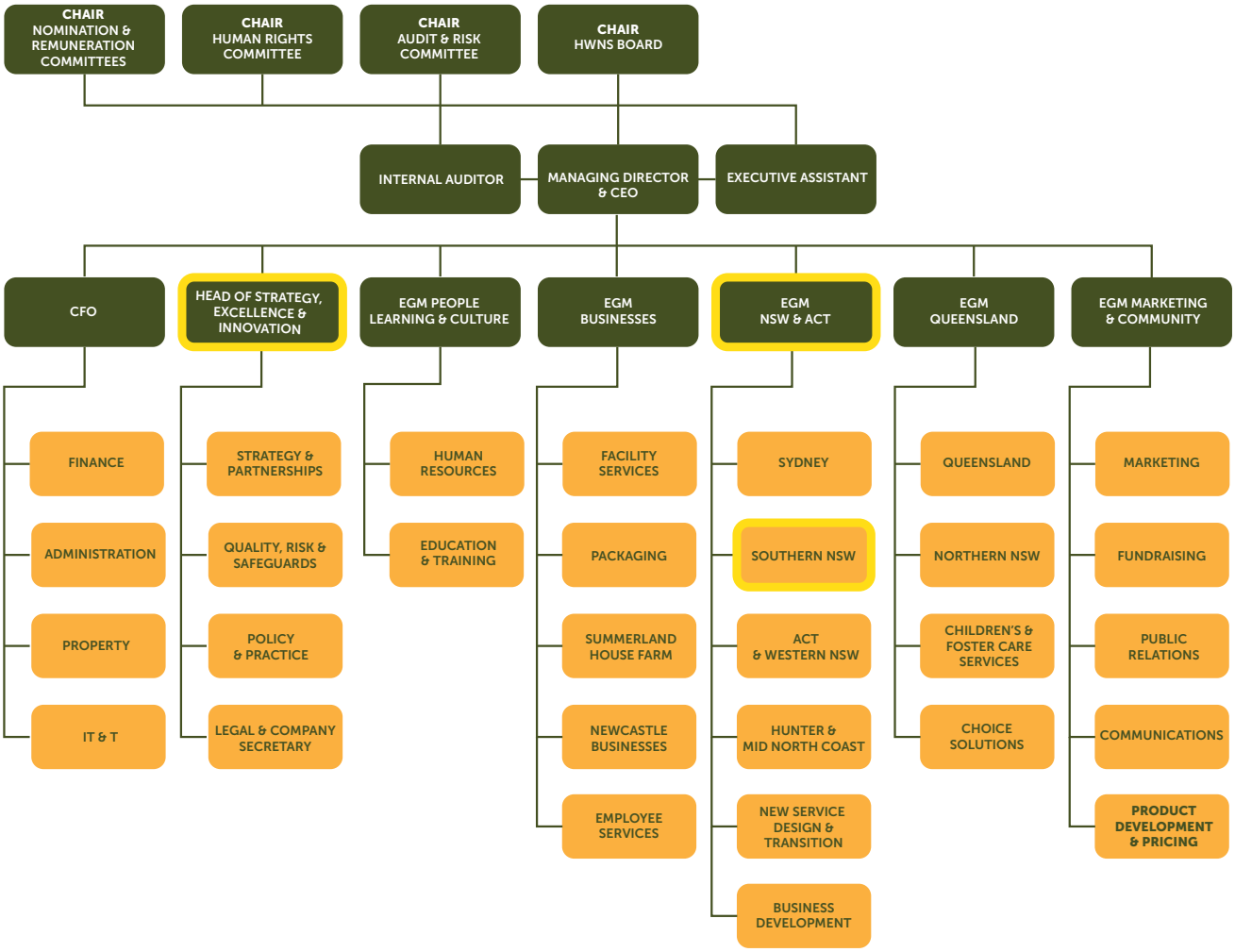
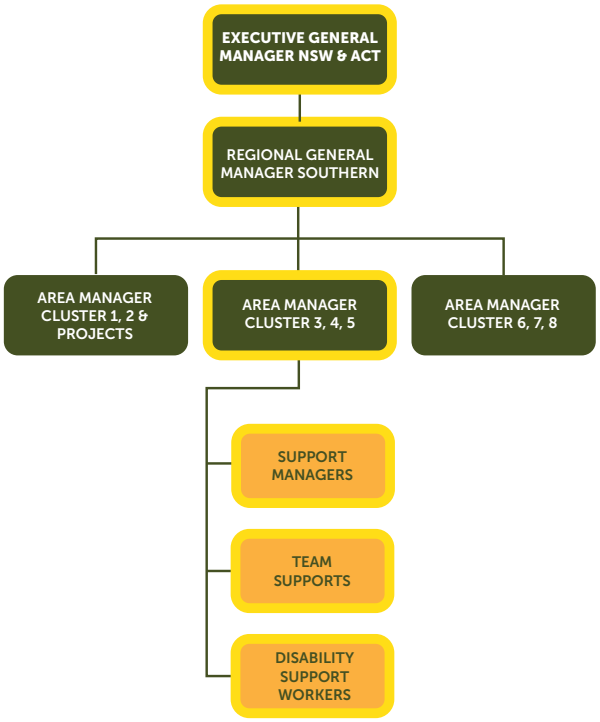


Figure 2.

House With No Steps (Southern Region)

Structure and location of participants



Measures

Semi-structured interview questions were developed specifically for use in this body of research. Importantly, the Steering Committee ensured that the content and format of the questions were appropriate for the participants and met the objectives of the research. Two interview schedules were developed, one for the professionals and one for the customers.

Interview schedule for professionals: The employees were asked 11 open-ended questions that were clustered into the following aspects: outcomes for professionals, outcomes for customers and families, outcomes for House With No Steps (Southern Region). Once outcomes were identified, participants were asked to identify the factors that most significantly contributed to these outcomes being realised. Finally, participants were asked to provide three words that summarised their experience of being part of the trauma informed framework initiative. These questions were used to guide discussion; however, participants were able to raise any issues they wished about their experience of the trauma informed framework. Given the sensitive nature of the content, participants were provided with the details of a staff member within the organisation to contact for support if required.

Interview schedule for customers: The customers were asked a series of questions that were clustered around the tenets of trauma informed practice as set out in the Taking Time Framework: choice, collaboration, person-centred practice, voice, relationships, and safety. For each tenet, customers were asked to indicate how they felt now and how they felt last year. Finally they were asked to identify the best aspect of being with House With No Steps (Southern Region) and any aspect they would like to change. Responses were assisted by the use of visuals. These questions were used to guide discussion; however, participants were able to raise any issues they wished about their experience of the trauma informed framework. To maximise communication and emotional safety, the customers could elect to have a support person to be present during the interview.

Procedure

Trauma informed framework: The purpose of this research is to understand the impact of implementing a trauma informed framework and the enablers and barriers that may impact on this implementation.

It is acknowledged that the implementation of the initiative comprised a vast number of strategies that were delivered beyond the two focus sites. The purpose of this research, however, is not to report on the entirety of the project but rather to document stakeholder's perceptions of the processes and outcomes relating to the two sites. Thus, the provision of the initiative as it related to the two sites is detailed below.

Two sites within House With No Steps (Southern Region) received the following resources and supports, as reported by the Trauma Informed Practice Specialist:

- A total of eight team based reflective practice sessions with follow up. Sessions typically ran for three hours, with email and phone follow up between sessions for direct support workers, team supports and support managers as required;
- A total of nine individual practice support sessions with team supports and direct support workers; individual practice support sessions are one-on-one and can include debriefing processes, self-regulation and self-care development, vicarious trauma awareness, and other support practice based skills development;Numerous informal practice support conversations face to face or via phone/ email covering the same;
- Three training sessions (combined team supports and support managers from across the region) which covered foundations of trauma informed practice, neurobiology of trauma, trauma informed micro skills in relational staff support, plus other project related topics as they arose (total six hours in these forums);

- Three focused interagency meetings to create a care team after case discussion for a high risk young person being supported within one of the sites; modelling development of therapeutic web of support, consultation, collaboration, debriefing;
- Trauma informed specialist input at consultation level for four of the young people being supported over the two sites; this included prompting quality review systems, advocating for complex case review processes, identifying areas of critical need and follow up, support of staff and systems; and
- The support manager of one of the sites served as a member of the steering committee and participated in the initial project planning day plus five subsequent steering committee meetings.

It is important to recognise that prior to the project; both sites had been supported intermittently by behaviour support specialists and psychologists from ADHC in relation to specific clinical support for some of the young people receiving service at these sites. This included basic trauma informed practice awareness, staff debriefing, reflective practice sessions, trauma informed safety planning for a number of the young people being supported, and transition support when accommodation changes happened. Most of the trauma informed practice inputs prior to the project occurred in response to a crisis situation rather than in a proactive manner as occurred within the project.

In addition, the Steering Committee meetings convened and chaired by the Trauma Informed Specialist were in part aimed at engaging and educating the leadership team regarding trauma informed practice, and developing the leadership strategy collaboratively. Presentations by internal and external members focussed on understanding the Taking Time Framework, understanding organisational self assessment approaches in trauma informed practice, and self awareness and care for the members and their staff.

Data collection: Prior to the conduct of the research, full ethical clearance was provided by the Western Sydney University Human Research Ethics Committee. Semi-structured interviews and focus groups were conducted in order to obtain data for the study.

Participants were interviewed either one-on-one or in small groups. Importantly, when participants were interviewed together, the researchers ensured that participants in the group were at the same hierarchical level within the organisation. This was stipulated so that participants did not feel coerced to respond to questions in a socially desirable manner if their direct supervisor, or a person with more power within the organisation, was present. Interviews and focus groups occurred either face to face or over the telephone, depending upon what was most convenient for the participant. The length of the interviews and focus groups ranged from 30 minutes to 1 hour 50 minutes.

The interviews and focus groups were administered by the two researchers. Two customers requested that their direct support worker be present in the interview. With written participant consent, all interviews and focus groups were audio-recorded. All participants were reminded that they could withdraw their participation at any time without any detrimental consequences, and they were assured that their responses would remain confidential (unless mandated reporting to Family and Community Services was required) and that their responses would be presented in a manner that protected their identity.

Data Analysis

Audio-recordings from the focus groups and interviews were transcribed verbatim, and the transcripts provided the data for analysis. Qualitative data analysis was conducted using multi-level coding and three stages were performed: open coding, axial coding, and selective coding (Merriam, 2009; Miles et al., 2013).

In open coding, each interview transcript was reviewed and broken down into codes. A code

is defined by Merriam (2009) as a group of words that express a single thought. Importantly, codes were identified when the content was perceived to be potentially useful to the study (Bazeley, 2013). Next, axial coding entailed examining the different research questions of interest to the study, and then categorizing each code under one or more of those research questions (Miles, Huberman & Saldana, 2013; Saldaña, 2012). Finally, selective coding occurred where the codes under each axis were examined in order to draw out themes. A theme refers to a common perspective held by the different respondents in the study within one of the axial categories considered (Bazeley, 2013; Merriam, 2009; Miles et al., 2013). Following this procedure, the results of the study are presented as themes that relate to the three main research aims.

Results:
Perceived impact of a trauma informed framework

Research Aim 1 endeavoured to ascertain the impact of adopting a trauma informed framework on the organisation, their employees and customers - from the perspective of key stakeholders.

The final question, posed to professionals in the interviews and focus groups, asked participants to provide three words that summarised their experience of being part of the trauma informed framework initiative. Figure 3 depicts the aggregated responses for all participants, Figure 4 presents the terms selected by the direct support workers only, and Figure 5 shows the terms nominated by the managers who did not have direct contact with customers. For ease of interpretation, the font size in Figures 3 - 5 is proportional to the frequency of individual word responses.

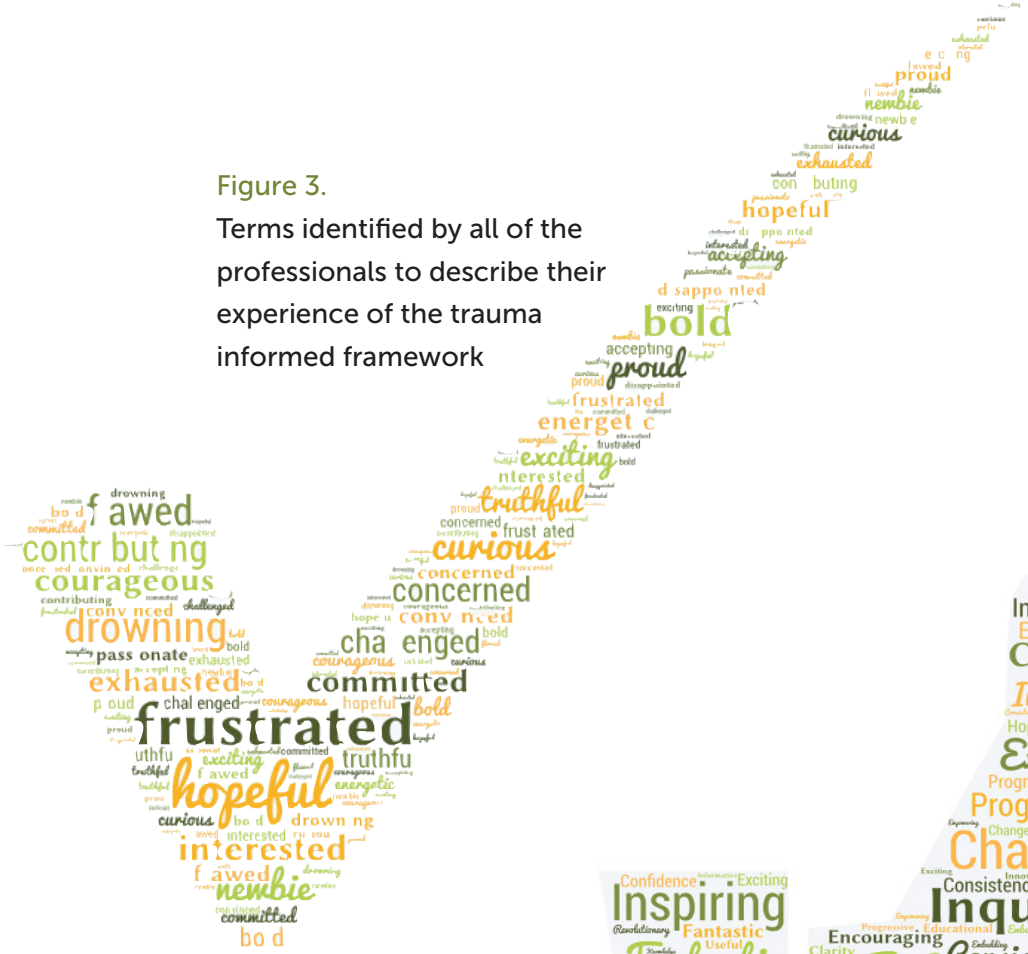
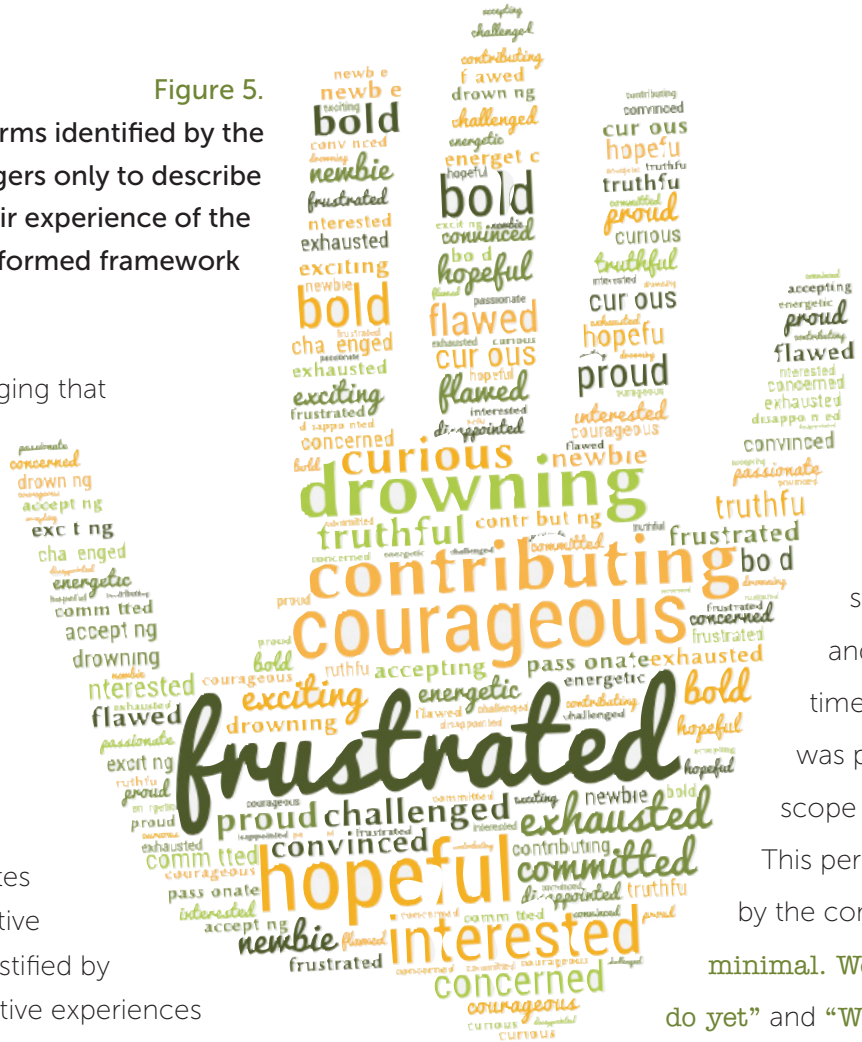


Figure 3.
Terms identified by all of the professionals to describe their experience of the trauma informed framework

Figure 4.
Terms identified by the direct support workers only to describe their experience of the trauma informed framework

Figure 5.
Terms identified by the managers only to describe their experience of the trauma informed framework



It is most encouraging that participants reported feeling hopeful, excited, proud and knowledgeable as a result of their experience. This analysis, however, clearly demonstrates that although positive experiences are testified by both groups, negative experiences feature more dominantly in the reported experiences of managers than the direct support workers. Frustration, disappointment and an apparent concern about the implementation were conveyed by some managers within the organisation.

The key conclusion was that all stakeholder groups expressed strong enthusiasm and support for the prospect of fully adopting a trauma informed framework within House With No Steps, and the wider sector. Participants referred to the initiative as being the "piece that was missing, and it was put in" and a "massive change in culture … I love the idea of it".

There was clear recognition, however, that such adoption requires a significant shift in culture and would require more time and resources than was possible within the scope of the current project. This perspective is embodied by the comments "Change is minimal. We've got a lot more to do yet" and "We haven't bedded it down well".

An analysis of the interview and focus group transcripts demonstrates that a positive, visible impact occurred for the customers and the direct support workers, and further initiatives to embed a trauma informed framework across the organisation also arose as a result of the trial. The impact on middle and lower managers, however, was less evident and less positive. The major impacts are depicted in Table 3 and will be described further in the following text.

Table 3.
Perceived impact of implementing a trauma informed framework upon the customers, workforce, and organisation

Customers	Workforce Level: Direct Support Workers	Workforce Level: Managers	Organisational Level
• Self-regulation • Voice • Safety	• Knowledge • Empathy • Co-regulation • Role and Responsibilities • Self care • Reflective practices	• Knowlede • Empathy • Strategies to reduce vicarious trauma in staff • Gain and loss of self-confidence • Imposter syndrome • Frustration and Exhaustion • Potential vicarious traumatisation	• Potential to position HWNS to lead the field into the future • Organisational commitment to trauma informed framework

Impact on Customers

ENHANCED SELF-REGULATION

The most frequent reported change for customers was an increase in self-regulation and knowledge of self-care skills, and therefore an increase in prosocial behaviour and decrease in behaviours such as self-harm. This is illustrated by the following comments made by direct support workers:

I think that he probably calmed down a lot quicker than he would have if I had reacted differently. I don't know how long he would have kept harming himself for but he didn't do it for too long so I suppose I made some sort of impact there.

I think there's less hypervigilant behaviour than there used to be.

There's been a lot longer between her incidences… she seems to be, like, travelling nicely and I guess it's through my knowledge of doing things differently with her and not sort of reacting to her behaviours and things.

I've noticed they've talked about it (self-care) but they haven't put it into practice themselves.

ENHANCED VOICE

One of the customers explained that recently monthly meetings have commenced where the customers and direct support workers come together to have a house meeting. He described this as fostering "democracy" and stated the meetings:

"Make me feel like I've got a voice, you know, and I'm just like anyone else. I feel that I have a right to say what I feel and don't feel, and the things I like."

Similarly, one of the direct support workers also observed an increase in decision making:

I've noticed a lot more decision making, lots more decision making on their behalf, like,

coming to you just with the randomest things that you just never would have thought and just saying, "I want to do this instead of what I'm doing".

ENHANCED SENSE OF SAFETY

One of the customers believed that they were a lot safer in their home since the project commenced. This was expressed as,

"I feel a lot safer than last year … it's got a lot more safety rules in place … I guess the staff are more on top of everything."

Impact on Direct Support Workers

INCREASED KNOWLEDGE OF TRAUMA AND RE-TRAUMATISATION

All direct support workers attested to the effectiveness of the project in enhancing their knowledge of trauma and re-traumatisation. This was perceived as the foundation that permitted other impacts to be witnessed, and the embedded training was viewed as essential. This perspective was supported by the following comments:

It put things into perspective very clearly which is fabulous and it's almost like a light bulb moment, "Ah, of course!"

Yeah, I think education has probably been the most important change, just to get us all in a place of understanding really.

A change in the thinking in how we provide support because I don't – when it wasn't happening, I think a lot of things were being overlooked, and now that it is happening, yeah, the way we support people has changed a lot which has only been positive, or I think can be very positive.

INCREASED EMPATHY FOR CUSTOMERS

As a result of their enhanced understanding of trauma and re-traumatisation, the direct support workers experienced increased empathy for the customers they work with, which then resulted in a change in the way they interacted with customers. Salient comments demonstrating this change include:

"It gave me a lot of perspective as to where they would be coming from and possibly why. That was a real eye opener, I thought. Yeah, it just allows you to apply a lot more empathy to situations and not get so frustrated yourself."

"Having an understanding of their background just creates so much more empathy with how you go through your day to day stuff with them, you know, even just basic things."

"Realising that there's a reason for every single behaviour that someone displays and they're not just being a jerk or they're not just trying to be difficult; that there's something underlying behind everything, that helps you do your job a lot better, I find."

"It ticks some boxes as to why people can be how they are."

INCREASED CO-REGULATION

Many of the direct support workers were able to provide specific examples of how their interactions with customers had changed as a result of their new knowledge and empathy, as explained by one participant:

"It's changed my approach to work and I assume it would have done so for the rest, and I think the more we do it the better our approach would be".

Three main changes were identified, which can be clustered to represent co-regulation: slowing down, fostering mutual respect and mindfulness. The most frequently identified change was "slowing down", "moving like you are in glue" and being "less reactive in situations". Some of the direct support workers had seen evidence of this co-regulation impacting upon the emotions and behaviour of customers. An example of how this practice is provided by one participant below:

So when there was a crisis or chaos, it really slowed you down. So you slowed down so you didn't get drawn into the drama that

was happening. Literally, you might stop and make yourself a cup of tea and just watch what's going on and then work out the best way so you're not reacting and adding to any kind of trauma that's already happening.

It was also noted that direct support workers worked to foster mutual respect more so than they had previously. This co-regulation practice is described below:

Staff taught people the appropriate way to interact with other people, to show people respect. If you want it, you give it and you'll get it back twofold, tenfold, whatever, and I saw that working, they never let up. That was almost like inherent in every single mouthful of whatever was going on, you know, or teaching people respect or putting agreements together.

Lastly, it appeared that practice had changed with the adoption of mindfulness and calm reflection when working with customers during difficult situations. As described below:

A lot of self reflection. I think personal growth was so significant in that period. I think as well as, you know, the support you're providing, why we're there but what you get out of it yourself, if you're really in tune, because it's all about being attuned and being in that moment and focusing on what's happening and making observations and you have to really be present.

It's understanding that person and being self reflective on what you're saying and how you're saying it. I think we've all had to be more mindful of that as well.

SHIFTING ROLE AND RESPONSIBILITIES

One of the common themes discussed amongst direct support workers was the change in their perception of what their roles and responsibilities were. This appeared to not only change the way that the direct support workers interacted with customers but it appeared to reduce anxiety and vicarious trauma, and enhance self-care for the direct support workers. The following comments depict their perceptions of their altered roles and responsibilities:

So I think knowing that it's okay that we pass it on to the right support for her and not having to deal with it ourselves because we're not trained for it.

It felt like we were everything, we were there to be their psychologist or there to talk through things, their counsellor – it has really backed off a lot in the last six months I'd say, even a bit longer, where we can, you know, we're there to say, "If you would like to speak about something, have you ever thought about speaking to this person or doing this and that instead of coming to us directly?" We're not exactly a counsellor, we don't know how to deal with this. It seems like you're going through a hard time, maybe you speak to this [person].

Yeah, and just to go home and to know that you're not everything. Yeah, I feel like that that's the bit that definitely has been helped, yeah, knowing that.

A related theme was identified as the direct support workers acknowledging the control and choice of the customer. In turn, this meant that their role was not to save the customer but rather support them to live the life they wanted. Similarly, this appeared to reduce a heavy burden from the direct support workers and alter the way in which they interacted with customers. The following comments demonstrate this position:

We're not there to save, that's something I know with the whole reflective session that we did in our team meeting a few months ago in regards to one person – it's not our values, they're his values and they're very different to ours, and we were all getting a bit frustrated with cleanliness and hygiene but when you actually stop and take that step back, it's okay.

INCREASED KNOWLEDGE OF SELF-CARE AND REFLECTIVE PRACTICE

It was widely recognised by the direct support workers that they now had a greater understanding and appreciation for the need to enact self-care and reflective practices. This was a direct consequence of training and dialogue with managers and peers. Although this is encouraging, many also acknowledged they that hadn't applied self-care strategies regularly. This is captured in the following comment:

I still personally haven't learnt how to self care exactly, I would say. I still do have the nights where you're just constantly thinking about some things and, you know, you can be up to, like, 2:00am and just thinking of all these, like, but I'm slowly learning, like, it does – it feels good to hear about it but I'm just not on board with the exact techniques that some people suggest.

Reflective practice emerged as a valued practice, and was encouraged both from the training and from the managers. It appears that this was valued prior to the commencement of the specific project, but the project certainly reinforced and heightened the awareness of reflective practice, as depicted below:

Our manager was all about it from day dot so one of the most poignant things she brought to the service was that if we needed to debrief, if we needed to reflect, and that alone was invaluable just to be able to step off the floor if you needed to. And then it's just popped up in all the training.

The training has spoken about reflective practice so it becomes a lot more about where we are at, our energy levels because it's about how we're reacting to the situation.

Impact on Managers

The self-reported impact on managers appeared to be more complex and was characterized by both negative and positive outcomes, most notably across the three levels of management: senior, middle and lower. The middle and lower managers attested to benefits of the initiative yet some struggled at times to enact their leadership responsibilities within the organisation.

INCREASED KNOWLEDGE OF TRAUMA AND RE-TRAUMATISATION

Several managers confirmed the usefulness of the project in augmenting their knowledge of the trauma informed framework and re-traumatisation. Unlike the direct support workers who received previous training from ADHC, for the managers, this initiative may have provided their first exposure to training in this area. Thus, they were in a different phase of their learning trajectory. The training was viewed as integral to the success of the organisational endeavour. Supporting professional practice resulted in many feeling more confident working in this arena due to their newly acquired knowledge base. This perspective was supported by the following comments:

I pretty much had minimal knowledge about complex trauma. I think (name deleted) has been a fantastic advocate and (name deleted) as well, in really giving us clear information about what complex trauma actually is… I'm really grateful that I've been saturated with this knowledge because without knowing this, I guess, this information about complex trauma, I don't think you could be an effective worker supporting people with these types of needs.

Whilst another interviewee expressed "prior to learning about the trauma-informed framework, I definitely had a skills deficit". As a result, a distinctive and extensive skill set was "not only beneficial for me, but my clients as well." These, and many similar comments were echoed by those interviewed.

INCREASED EMPATHY

Overwhelmingly, all interviewees expressed gratitude that they had acquired essential skills for the successful implementation of the trauma informed framework. These included flexibility, passion, and compassion. One manager said:

The best attribute you can have is to show empathy … yeah…the most important thing is skilful compassion.

STRATEGIES TO REDUCE VICARIOUS TRAUMA IN STAFF

One middle manager related how the trauma informed framework changed "not just who I am but how I am as a manager. How I lead and how I support people". This manager reported the organisation's practices had improved in order to safeguard the wellbeing of staff. The following example was provided:

We made sure people had time out or time off and stuff like that. Worked rosters, changed things around, shortened shifts… whatever we could do to make sure people were okay and checked in all the time with people.

VARIED IMPACT ON SELF CONFIDENCE

Concomitant with the managers' newfound knowledge base came a substantial gain in self-confidence for some. This aspect was revealed in:

"I guess it's kind of been filtered into our practice a lot more than it was say, 12 months ago, so it's a lot more talked about now. (The trauma informed specialist) has made herself really present in our organisation and so the word is getting out and we're feeling more confident, and more confident working in this area."

The resultant gains in knowledge and skill-base were also considered to have strengthened their personal reflective practice, as one respondent enunciated:

I can face my own flaws and I can face the flaws of the organisation and I can be brave enough to say it, but it doesn't hold me back.

For some managers, however, the introduction of the new framework undermined their self-confidence, as expressed by the following middle manager:

I'm not a specialist in it, so I don't profess to have all the knowledge, but I'd like to be able to have people engaged with where I'm up to, but I haven't got enough confidence in what I know. So, the answer to that is I haven't really learnt. I'm hungry to learn but I don't feel I've got enough information.

Lack of confidence translated into them questioning their ability to lead staff in this new way of working. One middle manager identified an absence of information as a possible contributor:

I'm not present at enough sessions or discussions, so I need more information, more training, more input, more conversations. So I'm missing that, so it hasn't come at our level.

IMPOSTER SYNDROME

A mismatch appeared between self-reported perceived skills and required skills. One manager divulged that they did not have the prerequisite skills to support staff to deal with the complexity of customers, which left them feeling like a fraud or impostor. The researchers acknowledge the complex environment in which this initiative occurred and reported low self-efficacy could be attributed to the demands of the job rather than the initiative itself. One middle manager stated:

So ethically and morally it's not our role and we shouldn't be doing it (for example counselling), however, we've got a duty of care and a responsibility to these young people … So it just doesn't sit well with us.

Regardless of these misgivings, the team were incredibly supportive of the people they worked with, as revealed in,

"What keeps me here is my team. I work with amazing people… they are the reason that I'm still here."

FRUSTRATION AND EXHAUSTION

The researchers sensed that the middle and lower managers were 'sandwiched' between the direct support workers and the senior management team, both of whom were overwhelmingly positive about

the initiative. Some middle level managers at times, reported a sense of exhaustion, and perceived themselves to be under-skilled. Others remarked they were left "holding it together" by being given the responsibility to enact the change process.

I'm frustrated because I feel like I'm saying the same thing over and over again and nothing is changing. I'm seeing the same things all the time. I'm exhausted because I've got a massive workload. But I'm hopeful because it's going to happen, eventually.

One of the recurring themes in the interviews was that managers in the middle tier repeatedly called for further upskilling "to be trained in coaching and mentoring and sadly this is not happening for me, and many others".

Another frustration experienced was the speed [or lack of] change. When probed further, one interviewee expressed her irritation by saying:

It is kind of a symptom of the system and I'm experiencing what other people employed by the other organisation are experiencing too, which is a sense of helplessness around my own support.

POTENTIAL VICARIOUS TRAUMATISATION

Some managers described how the nature of their roles, a perceived lack of personal and professional skills, and a perceived lack of adequate systems left them vulnerable to vicarious trauma. The very nature of the work undertaken by the staff places them in critical situations, for example:

…a young girl had a knife and held us in a room with the knife, … and then she threw herself in front of a car… Even thinking about some of the situations that we're being placed in, it makes me, at the moment, feel queasy in the stomach because I know how serious and actually – yeah, it can be quite a dangerous situation.

Some indicated that they were struggling and an interviewee stated,

"it was only because of (the trauma informed specialist) came into the picture that we started getting the support that we should have had the whole way through it."

In many ways, it became apparent that some middle and lower managers felt overwhelmed by their responsibilities and desired to move to a trauma informed framework but required systemic support to do so and reduce their vulnerability to vicarious trauma. One manager commented "We're always putting out fires" Whilst another said, "I feel that we've got a long way to go. I feel that we've got small skills, we've got a small knowledge base, we've got the desire and the want to continue with it."

With regards to developing a document, policy or procedures, to support staff during critical situations, another manager identified that

"there's some uncertainty about what that is, what that looks like, who gets the information, who acts on it, but the second part to that is what happens to that information afterwards, and how do we come back to the people who are involved, and do things like critical practice reviews, complex case reviews, those things don't happen?"

By the very nature of the work conducted within the disability sector, staff can be vulnerable to impostor syndrome, frustration and exhaustion and potential vicarious traumatisation. In addition, the roles of middle and lower managers within HWNS (Southern Region) underwent a significant restructure during the trial period which may have also exacerbated these self-reported impacts. Nevertheless, these experiences were reported to the researchers as an evaluation of the trauma informed framework trial and thus have been incorporated as such, albeit within the context of these other factors.

IMPACT ON ORGANISATION

POTENTIAL TO POSITION HWNS TO LEAD THE FIELD IN THE FUTURE

Although some managers felt that full implementation had not yet been realised, the direct

support workers were more positive about the gains that had been achieved. As a result they felt that this initiative could position House With No Steps as a future leader in the field. The comments below demonstrate the enthusiasm around this possibility:

> We'd be the launch site for it. We can then spread it through meetings and conferences to other regions of House With No Steps …we might take over to different companies, and then bit by bit we can just build and expand trauma informed practice to be as big as person centred approaches are.

> It could be when NDIS comes around, the services that we offer, that can be a part of our offerings as a service, is we could have a trauma informed approach. What's that about? What does that include? It includes this type of approach, we're doing this for people who may have had a trauma background, we focus on these to better improve their lives even more. And, you know, word of mouth goes around.

ORGANISATIONAL COMMITMENT TO A TRAUMA INFORMED FRAMEWORK

One member of the Senior Management team and one member of the steering committee articulated the breadth of the impact of the initiative across the organisation. Several significant key outcomes were identified, demonstrating the trial's capacity to impact the broader operations within the organisation so quickly:

- Head office exhibiting increased awareness and national commitment to trauma informed practice. The steering committee member indicated, that although this is a positive step, "ideally this should have occurred in partnership with external parties from the outset".
- Head office demonstrating commitment to integrate trauma informed practice into its national Support Framework and related policy and procedure review to reflect the notion of a Service Charter.
- Local Executive team member's commitment through the Steering Committee; the emergence of a common language around tenets of a trauma informed framework, and recognition of critical issues and collaboration for change.
- Commencement of a process for organisational self assessment in trauma informed practice.
- New position created within Southern Region entitled "Practice Leader, Complex Support".
- New position created at a National level entitled "General Manager, Practice Leadership (Complex Support)".
- Head Office committing to integrate a trauma informed framework within a new large-scale Community Justice Program.

Results:

Enablers critical to the successful implementation of a trauma informed framework

Research Aim 2 endeavoured to determine the factors that are critical to the successfumplementation of a trauma informed framework - from the perspective of key stakeholders (enablers).

Participants in the interviews and focus groups identified critical features of the project or organisational environment that were considered essential to realising the positive impacts reported. These enablers have been categorised into six overarching themes and are presented in Figure 6.

The most frequently discussed enabler, across middle and lower managers and direct support workers, pertained to the employment of a specialist trauma informed practitioner who would work on the ground as part of the team.

Firstly, some identified the need to provide targeted expertise to overcome specific bottlenecks in the organisation. To this end, they were thankful for the specialist trauma informed practitioner who provided 'a breath of fresh air'. Others insisted that the specialist trauma informed practitioner championed the project and "without her knowledge and support, the project would not be where it is today".

Figure 6.
Reported enablers that support the successful implementation of a trauma informed framework

Participants believed that this expertise needed to be within the organisation so that it was readily accessible and based on intimate knowledge of the organisation and customers. The effectiveness of this model is demonstrated in the following quotes:

I think having her as a trauma informed specialist within the organisation has created a lot of opportunities and positive steps that weren't even part of what people might call the project. So she has a lot of conversations, potential conversations, she's been helpful to teams and individuals, and so I think that part of it has been very successful.

She can ask questions during a group and she can listen to a group discussion on a customer that we're discussing and she will just sit back and then she will chime in and ask questions that will start another thought process and another line of conversation that we haven't thought of and that we probably should be thinking of. She's really good at doing things like that.

Importantly, direct support workers conveyed they were in dire need of an opportunity to debrief with a professional in order to not only improve their practice but reduce vicarious trauma. The current "Employee Assistance Program" was seen as ineffective and even re-traumatising as staff commented that "they (EAP) don't know what we are going through.... I want to talk to someone who knows the person I was working with. I don't want to talk to an anonymous counsellor on the phone because it's not going to help me at all because you are going to have to re-explain everything ... and they don't get it".

The direct support workers strongly favour a model where the professional they debrief with is a trauma informed specialist who is a part of the team. An example of this value is depicted in this comment:

She (the trauma informed specialist) knows their backgrounds and sort of what's been going on. So she's sort of involved with the whole process so you don't feel like you're going to someone that's got no idea what you're talking about.

In contrast, one of the steering committee members identified the benefits of having an external trauma informed specialist. They proposed that the specialist could be external to the organisation, but still part of the team, and intensively engaged. In addition, they believed that

"their independence may allow for more honest feedback, and ability to challenge the system but also gives some distance from any organisational dysfunction to support own self care, reflection and impartial guidance".

SHARED BELIEF IN A TRAUMA INFORMED FRAMEWORK

All participants, regardless of their position within the organisation, said they were excited and invested in a trauma informed framework. While the project was not without hiccups, one interviewee expressed that just getting the project off and running was a success in itself. The project brought together a group of talented, experienced people who believe in the vision. A staff member said, "it sits right with me and does ignite a passion inside of me so the fact that the organisation is trying to implement this excites me." Tenacity and resilience was the key to success. One manager revealed, "I'm enormously proud to be part of a pilot that I see will be adopted, you know, throughout the whole sector."

SAFETY AND TRUST IN THE TEAM

All middle and lower managers felt that in order for the initiative to be successful, a solid team culture must be pre-existing. This attribute provided the safety that staff needed when they felt 'against the wall'. Others expressed the importance of the teamwork and one manager stated, "...as a team, I think we've been very successful."

The direct support workers placed great importance on team cohesion to achieve success. One of the middle managers had instigated an "appreciation

book" prior to the initiative at one of the sites where staff wrote affirming comments about other staff. Other examples of the importance of a pre-existing supportive team include:

You need a lot of trust in the team, as well, trust that they know what's going on.

A trust and respect for each other, have an understanding that they'll have your back in a situation that could be potentially dangerous or hazardous and just know that the other person is going to be able to be there to help you, whether you're able to ask for it or not.

So that became really obviously really early on, that it was vitally important where we were at as a team and to support each other through those times.

SHIFT IN DIALOGUE WITHIN TEAMS

With team cohesion cast as an essential ingredient for success, some of the direct support workers advocated for informal and formal meeting content to shift in order to promote team cohesion. The recommended focus is emphasized in the comments below:

You must have regular discussions and conversations, team meetings, and those meetings must be focused on people. Not on the practising systems. They have to be focused, a significant amount of time on "Let's talk about our day", or "Let's talk about the last two weeks" and has everyone has a round, so we do all the person-centred stuff. We do rounds and stuff like that, which a lot of teams don't do, and those rounds are magic because people talk from the heart.

It's very much a focus of making it about the team as well. So our team meetings, for example, are very much – there's an element of the people we support and any issues and stuff to be raised but most of it is about team development, and when you go to other team meetings it's about the people we support.

The majority of our meetings are about us, and I think that's huge.

ENHANCED KNOWLEDGE

It is not surprising that another precursor to success was identified as the increase of staff's knowledge about trauma, re-traumatisation, and trauma informed practice. The training in particular was viewed as a fundamental catalyst for change with one disability support worker identifying that "you'd walk away from all the training we've done feeling really excited and hopefully you can use a little bit of it." Some of the most important knowledge gains identified by the direct support workers related to practices including mirroring, attunement and reflective practices.

PERSONAL ATTRIBUTES OF STAFF

Lastly, a manager expressed the importance of getting the right people in the job. It's a tough job and you need the appropriate people to make it a success. One manager revealed

"Recruitment is really important, getting the right people in the job, because it's not for everybody."

Interestingly, the direct support workers identified the following key attributes as crucial: authenticity, common sense, the capacity to mirror and reflect, empathy and compassion. One participant poignantly expressed that "you need a strong sense of self because you're going to get challenged, so you need to enjoy challenge and you need to have a willingness to grow."

Results:

Barriers that may undermine the successful implementation of a trauma informed framework

Research Aim 3 endeavoured to determine the factors that undermine the successful implementation of a trauma informed framework - from the perspective of key stakeholders (barriers).

Within the interviews and focus groups, participants acknowledged crucial features of the project or environment that may undermine the successful implementation of a trauma informed framework. Invariably, the identified factors significantly reduced both the number and magnitude of positive impacts that could have been realised in the organisation. These barriers have been categorised into six overarching themes and are presented in Figure 7.

Figure 7.
Reported barriers that undermine the successful implementation of a trauma informed framework

PERCEIVED LACK OF A CLEAR ACTION PLAN: INTENT VS IMPLEMENTATION

One of the barriers identified by direct support workers, lower and middle managers was a mismatch between the 'intent and implementation'. One interviewee said that they believed a key skill needed in a project like this is action.

"You must be able to get things done and there is a significant mismatch between thinking and doing".

This need for 'concrete application and direction' was repeatedly discussed within the steering committee with managers wanting to know "what is the thing?" and "where is the thing?" that they needed to implement.

This theme also presented itself throughout the interviews with direct support workers where they would explain that they had learnt a lot about best practice strategies such as reflective practice and self-care, but a clear plan to support implementation eluded them. While all interviewees feel like they understand and champion the idea of a trauma informed framework, they also felt that the organisation did not provide a clear vision of the practice and theory.

Middle and lower managers agreed that if they had received a clear action plan for implementation, the project would have been more successful. One middle manager confessed, "We had no framework. We had no clear guidelines. Outside of my manager, who was amazing, nothing above was of any help at all."

Although trauma informed practice is not simply a "thing" you can be told to do and then do, an action-oriented approach to implementing a trauma informed framework is required and espoused by the Taking Time Framework. Despite recognition of this by the Steering Committee and the collaboratively developed Project Plan being in place, there remained a view that there was no clear action plan. As such, staff reports may in fact reflect ineffective communication around the action plan, rather than the absence of an action plan.

MANAGERS NOT ACQUIRING THE RESOURCES AND SKILLS TO DRIVE THE INITIATIVE THROUGHOUT THE ORGANISATION

Middle and lower managers voiced their concerns over a perceived lack of resources and support and several participants repeatedly mentioned that they felt overwhelmed and failing within their managerial positions. Several interviewees declared they lacked the prerequisite skills and needed further training. In turn, this impacted their capacity to lead their staff during the change: "If we're going to drive, we can't drive if we haven't got the information". If managers felt they had the appropriate skills to lead, one manager felt "you can be a really good role model".

One of the consequences of a reduced confidence felt by managers was they were now in a precarious situation where they felt they were unable to lead. As highlighted by one of the steering committee members, "the biggest risk to an organisation is when the most passionate people stop speaking up".

Notwithstanding a self-reported lack of skill base, managers were highly supportive of the new framework:

"We are all really, really on board with the complex trauma, we are really invested in it, we believe in it, we want to learn as much and we want to soak it up as much and we want our organisation to be that way".

Several interviewees expressed the need to develop new skills for trauma informed practice. All have been involved in disability care for years, but with the switch of many roles and new framework, several key employees felt they did not have the skills they needed to provide the best possible care for customers. One participant said she "pretty much developed a whole new set of skills, like a whole new skillset in a sense.

PERCEIVED LACK OF SYSTEMIC SUPPORT FOR IMPLEMENTATION

It is important to note that this project marked the beginning of a long journey and sought to gather more information about how to best implement the framework at a systemic level. Nonetheless, some participants, especially lower and middle managers, felt that these systemic changes were required even at the early stages in order to drive change. For some participants, this was embodied as an absence of trauma informed practice in policy and staff orientation procedures, for example: "everything sits behind it from the top management all the way down, all our policies".

Lower and middle managers believed that although there was support for the concept of a trauma informed framework, the organisation did not provide the support, resources, and direction the staff needed to feel successful in this project. One interviewee said: "I don't think that it's been delivered the best way it could have been and therefore it just feels like it's another dead end idea." Another went further and candidly remarked "There needs to be a multi level of the organisation commitment."

A couple of interviewees expressed their concern over a lack of processes and policies that were in place. One interviewee further stated that "there's a lot of risk management, there's a lot of complex situations that no one really wanted to make decisions or take responsibility for."

One senior manager was very impressed with the level of systemic support received for the initiative and commented that Head Office and senior management support was unmistakable, otherwise the project itself would never have commenced. The senior manager sited the endorsement and involvement of the Chief Executive Officer, Executive General Manager and Head of Strategy, Excellence and Innovation as clear signals of systemic support.

Several lower and middle managers singled out poor communication as one of the drawbacks within the initiative. In part, managers suggested the blind spot could have been addressed by identifying the 'barriers' before implementing forging ahead with change. At times, some sensed that there wasn't a clear strategy for communicating the change processes that were currently underway. Further, a handful of staff suggested that announcements should be made in an explicit manner and two managers mentioned that they were gleaning important information 'via osmosis'.

From a strategic standpoint, an obstacle was lack of communication. Some middle managers suggested that senior leadership should reach out to the customers and their families to inform them of the initiative. They felt a barrier was the myopic and somewhat insular bubble in which the initiative was delivered. Some indicated the need to broadcast to a wider organisational audience, the recent pilot program as they believed it would "lead to even more success stories".

Finally, without perceived systemic support for the implementation, concern was raised about the viability and sustainability of the change. Several interviewees believe that the project will not be successful if the trauma informed specialist was to leave the organisation, for example: "She has been the champion throughout the project and many employees relied on her expertise and support during the project". For consistent and sustainable implementation, change must be embraced and advocated beyond one person, and ideally, from the top down. In contrast, one senior manager, voiced that "there was good communication" and cited examples of "Steering Committee, emails, meetings, throughout the management of the pilot. Additionally, all managers were to provide update to their teams at meetings."

It is important to acknowledge that within the first half of the implementation, House With No Steps (Southern Region) underwent structural changes in its operational structure. As expressed by one employee: "support managers were re-aligned within portfolios without necessarily considering

whether there was a match between their skills and new extended roles, and team supports found their workload doubled overnight due to the way program responsibilities were redistributed". As a consequence, the barriers reported by the participants may have also reflected this change in addition to their experience of the implementation of a new framework.

MORE 'ON THE GROUND' CLINICAL SUPPORT, SUPERVISION AND COACHING NEEDED FOR DIRECT SUPPORT WORKERS, AND TO APPROPRIATELY ASSESS THE NEEDS OF CUSTOMERS

Closely related to the challenge of 'moving from intent to implementation', the strongest concern voiced by the direct support workers was a seeming shortage of clinical support, supervision and coaching to help them implement a trauma informed framework. Although the training was highly valued they felt that "We were told all this but we weren't told how, you know, we struggled with how to implement that". This struggle is further evidenced by the following remarks:

I think we've been lucky enough to have some valuable training compared to other services, but training isn't enough in a crisis situation … you need someone to come out and help you sort that out.

The direct support workers advocated for this support to be 'in-house' and 'on-call' in order to meet two primary purposes. The first purpose was to provide direct supervision and support for their work:

We've got a lack of supervision for us. So if you're a psychologist or a counsellor you have supervision and support and you can check in whether you're doing the right thing, So, we don't really don't have that as much.... We use each other.

To be able to debrief in that moment in real time situations, to pull back from that and then go into a separate room and just [sit] down as the clinician and just go, "Right. How does everyone feel? How do you think you went? What do you think you could have done better?"

Secondly, some of the direct support workers judge the traditional behaviour support assessments to be inadequate, when conducted by professionals who are outside the organisation and they are perceived as "removed" and "not accessible". They felt "a big gap" was that "they're not actually in there seeing the everyday things, and I think you need to actually experience the everyday things and get a feel for that person or the people before you can actually go, "Yeah, I'm going to write up a BIS plan on this person."

An ideal model was presented by one participant where a trauma informed specialist is part of the team and joins the team …

Even once a week … and then an hour with each of the customers, and then an hour with each of the staff, and then maybe an hour with the team, and then an hour with the whole house or something, you know, where everyone gets an opportunity to kind of talk about where they're at and what they're doing.

The direct support worker's call for more clinical support was in direct contrast to the report of a member of senior management who believes that House With No Steps provides "extensive clinical support – extensive for staff, team, customers and management". The senior manager also reported that the organisation "did this (the trial) for them (staff)" and in addition, then provided the trauma informed practice specialist as an additional clinical support throughout the project.

INADEQUATE ORIENTATION TO THE CUSTOMER

The direct support workers considered the current processes, enacted prior to them working with a new customer, as largely inadequate and thus undermining the success of a trauma informed framework. At the moment, direct support workers felt they are "missing some crucial information" as they are assigned to support a new customer but are not given any background information about the needs of the customer or how best to co-regulate with the customer. They were concerned about the

implications of this process:

That's not fair on the person we're supporting because it'd be overwhelming and daunting for them to have a new person just rocking up at their house and helping them with their day, which again could trigger certain negative things for them. And it's tough for us as well but we've got slightly better coping skills.

So if *House With No Steps* was going to move forward with trauma based people they would definitely need to inform us about the person, give us a great background and then do some training before we were actually to go in.

CUSTOMERS NEED INFORMATION ABOUT THE NEW FRAMEWORK AND ALSO TRAINING AND SKILL DEVELOPMENT

The direct support workers identified that the customers themselves had been 'left out of the loop' with regard to the introduction of the new framework. They also felt that some customers may benefit from training in order to "understand why they feel how they feel, and how that's connected to trauma and what happens within their bodies because the body sensations and levels of anxiety which can then lead to all sorts of other things, like trauma related training for that would be really useful."

In contrast, a member of the senior management reported that "all customers involved in the project were informed by the Support Manager and Team Support", and "if it was appropriate to train the customers in the framework, the trauma informed specialist would have done that". With full implementation of the framework in the future, it will be important for organisations to explicitly analyse and plan how customers are included and appropriately educated within a trauma informed framework.

In an effort to better support their customers by

reducing re-traumatisation and developing skills to support people with a history of trauma, the Regional General Manager (Southern Region) initiated a new pioneering framework with support from the Executive General Manager and Chief Executive Officer. Illawarra Shoalhaven District, and Statewide Behaviour Intervention Service ADHC, FACS partnered with House With No Steps (Southern Region) to implement a trauma informed framework, designed to assist people with intellectual disabilities and to systemically influence the functioning of the organisation that delivers this care.

The process, carried out with the full assistance of the participating organisation, aimed to fulfil two broad purposes. Firstly, to provide evidence-based research into a trauma informed framework and secondly, to improve the support relationships between the support teams and their customers. In doing so, the research team were able to gain a full overview of the impact of the changes on the customers and the three levels of the workforce (the direct support workers, the middle and lower managers and the senior managers), as well as impacts on the organisation at a local and national level.

Principally, the trauma informed framework had a positive impact on customers, direct support workers, senior managers and the organisation locally and nationally. These changes appeared to be positive and occurred at quite a rapid pace The workforce found the process helped highlight areas they hadn't realised were being over-looked, and refine those areas that weren't. The workforce also found themselves better able to co-regulate the behavior of their customers thanks to increased empathy brought about by training and internal support mechanisms. The positive benefits of the improved process and worker/customer relationship resulted in lower levels of anxiety and vicarious trauma.

While front line (direct support) workers and senior managers were supportive of the framework, and resources were made available to the organisation, a perceived lack of tangible resources prevailed. In turn, the middle and lower managers enunciated their feelings of being overwhelmed and frustrated. Special attention should be focused on middle and lower level managers (those sandwiched in the middle tier) as this subset appear to absorb the brunt of the change process.

At times, the perspectives of senior managers was in direct opposition to the perspectives of the middle and lower managers. The researchers could hypotheses a) such differences pre-dated the commencement of this project and would manifest in any new initiative, b) the restructure that occurred at the same time as the initiative impacted on the communication and cohesion across the broader management team, or c) the process adopted within the initiative itself resulted in poor communication and diverse perspectives across the management team. Contradictory viewpoints across various levels within organisations are not uncommon, yet may not be conducive to implementing change in a complex working environment. Such differences are worthy of further exploration by the organisation.

The positive effects of the trauma informed framework were the direct result of two main changes – the enthusiastic enablers in the organisation who celebrated the new processes, and endorsed them through their actions, and the introduction of a specialist trauma informed practitioner.

The enablers within the organisation championed changes to both informal and formal meeting content in order to address their own support needs and the needs of the customers. The desired emphasis of these meetings changed from the procedural office activities, that normally dominated, to actual outcomes for themselves and the customers.

The specialist trauma informed practitioner's interventions had beneficial effects on staff knowledge and levels of satisfaction. The key to the positive impact the practitioner had on the organisation was their integration into the team. The staff felt that practitioner's on-the-ground knowledge

made debriefs far more effective than they had been previously. In fact many of the participants felt that the specialist practitioner was the key to the success of the project and that it would have failed completely without them.

It became evident that all members of these organisations were passionate about their jobs and the outcomes of their work, but that the implementation of these new ideas lagged behind their intent, according to middle and lower managers. Many felt that there was inadequate systemic support for the project and many more positive outcomes would have been achieved if they had been fully invested in the process. Middle and lower managers believed that they received inadequate support in order to lead the changes and felt they were lacking the necessary information to support their team.

Despite the negative experiences reported by middle and lower managers, positive outcomes for both customers and direct support workers were still realised and very encouraging The most striking change, however, was the rapid and significant impact that the trial had on the operations and structure of the organisation locally and nationally. The trial and its result, in large part, served as a catalyst for the establishment of leadership positions to drive a trauma informed framework and the adoption of a trauma informed framework within new programs and guidelines nationally.

These findings suggest that the success of implementing a trauma informed framework relies on:

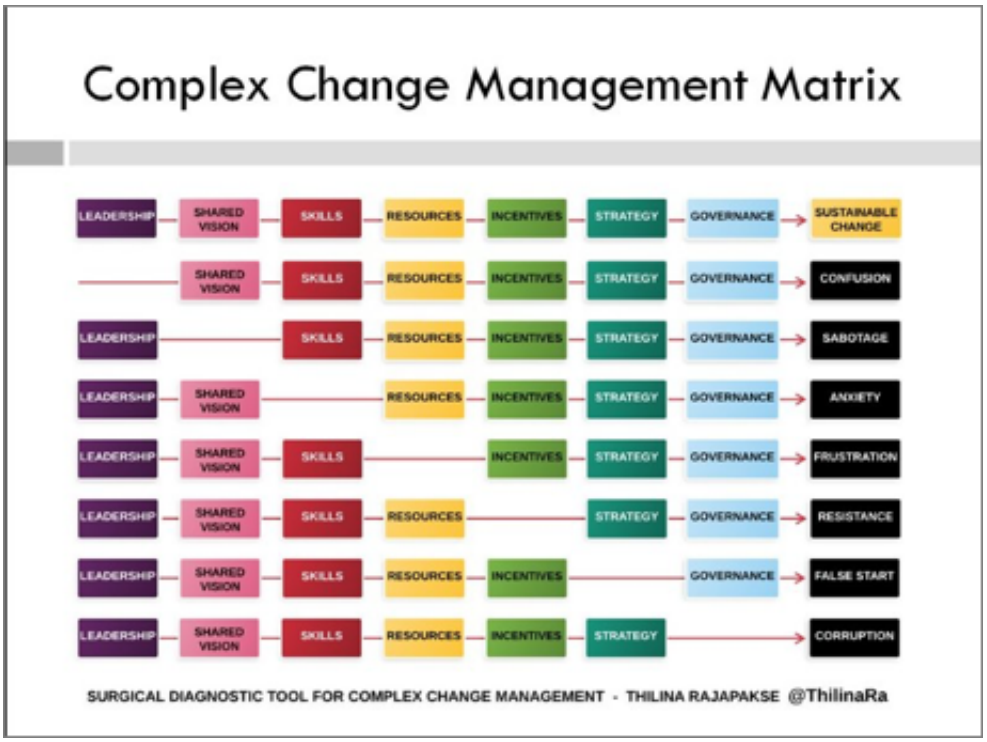
1. The involvement and commitment of an entire organisation, at all levels;
2. Prioritising a clear and comprehensive communication strategy to ensure ongoing engagement, clarity and sense of team cohesion across all levels of the organisation;
3. Team cohesion where everyone is fully invested in the process and supportive of each other;
4. Training and coaching so that the knowledge gained from training results in application;
5. Having a trauma informed specialist within the organisation;
6. Change of focus in meetings and team dialogue to extend beyond procedural office functions;
7. Embedded systems for staff to debrief and receive supervision.

This is consistent with the approach proposed in the Taking Time Framework. The process required to fully implement a trauma informed framework requires scrutiny at all levels of the change process. This is best encapsulated by the Change Management Matrix by Rajapakse which identifies the possible outcomes of any weakness in the process, as shown in Figure 8.

Rajapakse (2015) offers a guide for the leadership and governance of House With No Steps (Southern Region) in the following manner:

- If there is a shared vision, resources, skills, incentives, a strategy and governance, yet no leadership, then, change will not happen and confusion and anarchy will result because you won't have direction and guidance during the process.
- If there is leadership, resources, skills, incentives, a strategy and governance but a shared vision is absent, then, change will not happen. Instead, sabotage is likely as there would have been no consensus and cooperation taken place.
- If there is leadership, a shared vision, skills, incentives, a strategy and governance but a lack of resources (money, time, manpower), then, you will end up with a lot of frustration. Although you might have a plan and you may know how to accomplish it, but you don't have the resources to get the job done.
- If there is leadership, shared vision, resources, incentives, a strategy and governance, but no skills (communication, vocational, technical, political, advocacy and so on) to effect the change you seek, then, you may be left with anxiety.

Figure 8. Complex Change Management Matrix



Source: Author Rajapakse (2015), adapted from Ambrose (1987)

- If there is leadership, a shared vision, skills, resources, a strategy, and governance, but no incentives —the types of things (rewards, recognition, celebrations) that keep key community stakeholders involved — you may end up having resistance or very slow change.
- If there is leadership, a shared vision, skills, resources, incentives, and governance, but no strategy or an action plan that has been broken down into steps that people can take and accomplish in small steps, then you will end up with a lot of false starts or tread-milling. The members may take off in a certain direction, only to realize that an important step was skipped, forcing them to stop their progress and go back and take care of it.
- If there is leadership, shared vision, skills, incentive and resources, and strategy, but no governance, then you will not sustain the change and the project may be vulnerable for corruption and collapse.

Finally, the salient message is that an organisation can achieve sustainable change with seven crucial ingredients: 1) Leadership; 2) Shared Vision; 3) Skills; 4) Resources; 5) Incentives; 6) Strategy; and 7) Governance.

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House with No Steps

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