

CASE STUDY

Supporting implementation of the South Australian Trauma Responsive System Framework in the child and family support sector

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PARTNERS



**Early Intervention
Research Directorate
(EIRD), Department
of Human Services,
South Australia**

Implementation case study

Experiences of South Australian government-funded intensive family services in implementing a Trauma Responsive System Framework using Emerging Minds' Focus tool

1. Introduction

This is the third case study of Emerging Minds' partnership with the South Australian Government's Department for Human Services (DHS), formerly the Early Intervention Research Directorate (EIRD). Emerging Minds (EM) has partnered with DHS and its Child and Family Support System (CFSS) agencies to implement the [Trauma Responsive System Framework \(TRSF\)](#) and build organisational and system capability for trauma responsiveness. The TRSF is part of the CFSS's broader healing approach that is working to bring children, families, practitioners, organisations and funders together to create systems and practices that support healing and avoid further traumatisation. The TRSF is a comprehensive framework that aims to create a shared vision and language across CFSS organisations. DHS views this system-wide trauma responsive approach as critical to engaging families with its services, recognising the impact of vicarious trauma on workforces, and managing organisational stress.

The TRSF was co-designed over 2020 and involved widespread consultation with child and family support and related organisations, Aboriginal and Torres Strait Islander peoples, lived experience system advisors, and the South Australian CALD (culturally and linguistically diverse) community. EM's first case study of this initiative examined the establishment of the relationship between Emerging Minds and DHS during this project. The second case study examined collaborative customisation of EM's quality improvement tool, Focus, for application to the TRSF, and engagement with South Australian CFSS (intensive family support) organisations. This case study explores the experiences of CFSS organisations in implementing the TRSF from July 2023 to July 2024.

2. Methodology

Emerging Minds works with implementation partners in a highly contextualised way, in terms of the differing organisational and sector needs it responds to, the initiatives it develops, and the outcomes it seeks with partners.

To improve our understanding of whether these partnerships are effective and why, we have used a realist case study approach to provide a framework

for analysing varying contexts, change processes and outcomes. Realist evaluation¹ is a theory-driven approach that asks, 'what works for whom and in what circumstances? (And how and why?)'. It recognises the importance of contexts in achieving desired program outcomes and is commonly used in evaluations where there is wide variability in the contexts in which programs are delivered. The unit of analysis in a realist evaluation is the mechanism of change in context – or how actors respond to an intervention/initiative (refer to definitions in Table 1).

A case study design has been used for in-depth investigation of partnerships. Case studies are an established social research method useful when seeking to understand how and why social phenomena work². In this instance, the case study method enables the inclusion of multiple perspectives for each case, and exploration of contexts, interventions, change mechanisms and outcomes in varying settings.

Selection of case studies

Partnerships selected for case studies are expected to provide opportunities to examine change processes in differing contexts and are considered exemplars in terms of the progress they have made in implementing practice improvements at both organisational and system levels. The case studies are therefore not necessarily indicative of EM's partnerships, but include experiences and learnings that are expected to be relevant to other organisations and systems.



Recruitment of interviewees and focus group participants

A realist evaluation approach requires data collection from key informants with experiences of the relevant implementation processes, changes and outcomes that resulted from the initiative, and who bring a range

¹Pawson R, Tilley N. (1997). *Realistic evaluation*. Sage Publications, Inc.

²Yin R. (2007). *Case study research*. Sage Publications, Inc.

of perspectives. EM's staff and partner organisations identified key informants who were able to participate in informed discussion about implementation and change processes.

Data collection

Interviews and focus groups were conducted using discussion guides that drew on Pawson³ and Manzano's⁴ recommendations for conducting interviews for realist evaluation. Semi-structured discussions were used to explore descriptions and objectives of initiatives, contexts in which participants were working, experiences of participating in partnerships and initiatives with EM, results to date of each initiative, barriers and enablers of implementing change.

Interviews and focus groups also included explicit discussion about the theories and expectations which informed each initiative, with participants asked to respond to EMs' expectations of how and why an initiative would work and if and how this differed in practice.

Interviews and focus groups were conducted over Microsoft Teams, recorded, and transcribed by an external transcription service. Transcripts were checked by participants for accuracy and completeness before being imported and analysed in NVivo.

Data analysis

In analysing data and developing context-mechanism-outcome configurations, the following definitions were used:

Table 1: Definitions used in analysis

Initiative	The agreed activities that Emerging Minds delivered in partnership with DHS to achieve agreed outcomes.
Context	The internal and external environmental conditions within which the initiative was delivered and that influenced (positively or negatively) the achievement of desired outcomes.
Mechanism of change	A change process that occurred as a result of individuals responding to the initiative.
Outcome	Any process or impact outcome – expected or unexpected – that resulted from a mechanism of change.

Data analysis was carried out by members of the Emerging Minds Research and Evaluation Team who had not been directly involved in the initiative.

A thematic analysis framework was used, using the following pre-determined coding categories: Initiative, Internal context, External context, Change processes, Outcomes, and Individuals. Inductive analysis was then used to generate case-specific themes within each of these categories. Related themes were grouped and the relationships between themes in each group interpreted, before themes were consolidated into mechanisms of change.

Reporting

Draft case studies were reviewed by all interviewees for accuracy, readability and meaningfulness.

Study participants

A total of 10 CFSS organisations (providing intensive family services) were invited to participate in interviews for the case study. Four organisations responded and nine people from these organisations were interviewed. In addition, two members of the DHS project team were interviewed. Interviews had previously been held with EM's key informants to understand theories of change informing the Focus tool (Focus) (Table 2). Most organisation interviewees were members of their organisational change teams leading the implementation of the TRSF. Three of the four organisations were currently using Focus.

Table 2. Interviewees

DHS	Two members of project team
4 x CRSS organisations	Nine staff members with roles in practice development, program management, leadership and service delivery
Emerging Minds	Two members of Focus tool development team
Total interviewees	13

Limitations

A limitation of the methodology is that only qualitative data is included as quantitative data was not available on practice or service outcomes. A feature of DHS's supportive implementation approach for the TRSF has been an emphasis on the use of data for internal quality improvement purposes rather than for comparing organisations' performance. As a result there has been no requirement for organisations to share their internal quantitative data.

³ Pawson R. (1996). Theorising the interview. *The British Journal of Sociology*, 42, 20.

⁴ Manzano, A. (2016). The craft of interviewing in realist evaluation. *Evaluation*, 22, 342-360.

As with any case study, the experiences and findings relate only to participants in this case study and are not generalisable to all CFSS organisations. A bias of the sample of organisations who participated in this study may be that organisations who volunteered to be interviewed were more likely than other CFSS organisations to have engaged to some extent with the TRFS and the Focus tool and felt they had experiences to share.

3. The initiative

The initiative in this case study is a suite of supports freely available to organisations for implementation of the TRSF. Since mid-2022, DHS has had in place a package of system enablers to aid engagement by CFSS funded organisations and activation of the TRSF and Focus (Table 7). These strategies and activities were co-developed and delivered by a project team incorporating DHS, EM and local independent consultants.

Table 3. Initiative – Package of implementation supports for the South Australian Trauma Responsive System Framework

Component	Description
DHS sector-wide collaboration forums	<ul style="list-style-type: none"> • Roadshows to launch the TRSF and Focus tool and facilitate engagement. • Trauma Responsive Champions Network to enhance trauma capacity, address barriers, promote reflective practice, delve into trauma knowledge, foster support among champions across the CFSS and share experiences of using Focus. • Three communities of practice: <ul style="list-style-type: none"> – Strategic Oversight Forum (executive) – Practice Oversight Forum (middle and upper leadership) – Statewide Practitioner Forum • Statewide Hosted Discussions and individual coaching support to practice leaders to support the CFSS Common Elements core foundational trauma responsive skills at the practitioner level.
EM Focus tool (customised for implementation of the Trauma Responsive System Framework)	<p>Digital quality improvement tool for implementing changes that support a trauma responsive and healing system approach across the South Australian CFSS.</p>
On-demand support from EM, DHS project team and consultants	<p>Guidance in organisational and system quality improvement processes for supporting child and family wellbeing, and technical support in use of the Focus tool.</p>
Training and resources	<ul style="list-style-type: none"> • Yaitya Mingkaminga Purruapiinthe (culturally safe, trauma responsive training) for practitioners designed for the CFSS service setting, provided by Aboriginal Community Controlled Organisations and funded by DHS. • Sector webpage for accessing suite of TRSF implementation resources. • Evidence-informed professional development resources embedded in the Focus tool.

4. External context

The TRSF is a comprehensive co-designed framework. It rests on six foundation principles: Trustworthiness, Safety, Peer and community support, Collaboration, Empowerment and self-determination, and Know yourself and learn. The framework applies the principles across multiple levels of the child and family support system: funder, organisation, practitioner, community, child and family.

A series of 54 attributes and indicators are included in the framework to help organisations measure their progress in embedding trauma responsiveness. There are 18 more attributes at the funder level of the framework. Focus was customised to incorporate all attributes and indicators of the TRSF, in order to fully reflect the TRSF's co-design voices. The framework therefore represents an ambitious system-wide reform effort. As the funding agency, DHS has encouraged implementation through flexible and responsive support to organisations.

The initiative is sector wide and authorised by the sector funder

The fact that the TRSF and its implementation support package have been actively supported by DHS as the funding agency in the CFSS sector appears to be the most important external context factor in this case study. Funder support has resulted in high levels of sector engagement. Having taken a co-design approach from the outset in developing the framework, DHS and its project partners (EM and local independent consultants) have continued to promote trust and mutual respect across the sector, and between the funder and its funded organisations. This collegiate approach seems to have facilitated a sense of community across the sector around the implementation of the framework.

'I think there has been a concerted effort at building trust with the sector... and being connected to the contract management team, providing a cohesive relational approach has fostered a sensitivity and respectful approach to working with organisations.' [DHS1]

'These ongoing trauma-responsive framework meetings and practice days... encourages people to keep doing it. I guess there's a lot of things that government kind of put out and say, "This is really good, we're going to start this and you're going to go great." And then you never hear from them again and you go, "What's happening with this now?" So I think the follow-through has been so crucial.' [Org3]

'We have a wonderful sector here... They're so open and reflective. They're really a fantastic group of organisations to work with. The communities of practice have doubled in numbers... one forum where 300 plus attending

demonstrates the generosity and engagement we are seeing.' [DHS2]

CFSS organisations operate in the challenging environment of child safety, characterised by workforce shortages, high community demand and complexity, and periods of extreme public scrutiny. DHS's approach to supporting the implementation of the TRSF has been mindful of the pressures on organisations and has consciously sought to role model the TRSF principles of empowerment, trustworthiness and collaboration. At the same time, DHS is working towards a medium-term goal of embedding a trauma responsive systems lens in funded agencies, with the longer-term goal of better outcomes for children, families and staff. In working to achieve this, DHS is committed to continuing its role as system steward and maintaining its package of implementation supports.

One of the organisations that volunteered to participate in the case study is an Aboriginal Community Controlled Organisation (ACCO). Its interviewees described the national context it works within, including addressing priorities of the Closing the Gap targets, the Aboriginal and Torres Strait Islander Child Placement Principle Framework, and the National Action Plan to End Violence Against Women and Children. The organisation's practice frameworks respond to these national frameworks along with state government frameworks.

Competitive funding environment

As in any service sector, CFSS organisations operate in an environment of competitive pressures of tendering and sustaining services and staff. While the initiative's collaborative approach has built cooperation among multiple service providers, interviewees also described some tensions in wanting to support collaborative system-building while also maintaining their organisations' competitive edge.

Three of the four organisations who participated in interviews operate multiple programs funded by different areas of government, including DHS. Some interviewees made comments that indicated a degree of wariness in regard to the extent of collaboration they are prepared to undertake. While all organisations spoke positively about the learning opportunities that have resulted from sector-wide collaboration, some also spoke of limits to how much collaboration could be reasonably expected, and some reticence about sharing with funding competitors what their organisations might consider to be competitive advantages.

'The Intensive Family Services is up for tender next year by mid next year. So we're all at it again, and it's a big part of our programme. I mean, it employs a lot of people... so they're [organisation leadership] is very protective, I think, of the intellectual property that they have developed over the years.' [Org1]

ACCO interviewees described some commercial sensitivities around sharing cultural knowledge with other organisations when this cultural expertise is relied upon by the organisation as part of its fee-for-service training service.

The project team has sought to encourage sector cooperation while acknowledging commercial sensitivities for organisations. Organisations appear to weigh up the pros and cons of different collaboration opportunities and make decisions on a case-by-case basis as to how much expertise or experience they can share to support sector-wide learning. While the competitive funding environment might challenge DHS's collaborative vision to some extent, it appears also to be an important motivating factor for some organisations in progressing their TRSF change agenda (discussed in mechanisms of change).

Uncertainty about sector progress

A clear message to organisations from DHS, EM and the independent consultants has been 'do what you can as you can' to encourage organisations to make a start on implementing the TRSF and then progress at their own pace. This has been an important strategy in supporting organisation engagement. It does mean that organisations are likely to be at different stages in their implementation of the TRSF. Also, in keeping with this flexible approach, DHS has not mandated the use of Focus to activate the TRSF, and so organisations could be using other tools, or no tools.

Some interviewees were of the view that there were differences in how far organisations were progressing with implementing the framework, and that it was unclear just how wide sector commitment and activity was. This raised questions for some about whether it was realistic to expect such a high degree of collaboration when organisations were at different stages, or may be engaged in different processes or using different frameworks, and weren't necessarily sharing information about their processes.

'I also do think there's a challenge in that we can't tell organisations necessarily how to do their things. And not everyone has to use Focus, but I don't know that I feel like all of the partners in the system are actively moving towards implementation of the framework.' [Org2]

This tension between a flexible approach and common goals meant organisations were navigating some uncertainty about how much progress the sector had made, how their organisation was positioned in relation to overall progress, and whether their organisation was meeting government expectations for maintaining funding.



5. Internal context

There were some commonalities in the internal contexts within which organisations were operating. All organisations described themselves as practising, or seeking to, practice as trauma responsive organisations, and as having organisational cultures that value the principles of the TRSF and the benefits of practice development.

'I mean generally as an organisation, I think Org1 has always been, wanted to be considered a trauma responsive agency.' [Org1]

'And I think as an organisation, as well as Children's Services, we kind of already have an appetite, because the holding environment is kind of there. We have reflective conversations regularly. We sort of challenge ourselves regularly. So it wasn't like it was hard to go like, let's now talk about how we can improve. That foundation is there, I suppose.' [Org3]

'... the idea of self-determination, empowerment. That's absolutely a way that we work as well... Collaboration, absolutely a way that we work as well. Trustworthiness, we need to absolutely be a part of what that looks like. Know yourself and learn. We absolutely encourage our allies to step up into that space as well.' [Org4]

Interviewees from the ACCO described their existing trauma-informed culturally-responsive practice frameworks. They described these frameworks as incorporating a strong cultural and historical lens and promoting strengths-based practices that address intergenerational trauma of Aboriginal families alongside an understanding of Aboriginal families' intergenerational strengths.

'For us, best practice is both a culturally responsive and a trauma-informed lens.' [Org4]

ACCO interviewees also detailed a range of additional considerations for them as an Aboriginal controlled organisation in terms of how the TRSF fits in the context of their organisation's other accountabilities, priorities, and governance structures.

'In regards to cultural governance, I think it's probably really important to mention that we have Aboriginal boards or Aboriginal community people that sit on boards. So from the top-down it is Aboriginal-led, but Aboriginal ways is from grassroots up as well.' [Org4]

'So [we are] accountable to funders, and also accountable to community and communities in which we work'. [Org4]

Organisations were challenged by very limited time to dedicate to implementing the TRSF. This included finding time to come together as a change team and then finding time to do follow-up work. Also engaging staff beyond the change team to participate in Focus surveys and resulting actions such training or development of new processes, appears to have been a challenge in busy workplaces, requiring commitment and leadership support to maintain staff engagement.

'So competing priorities, definitely. There's just been a number of things that have stalled this process definitely...' [Org3]

There were differences among the organisations in the sizes and compilation of programs and workforces they included in their TRSF change program. One organisation was applying the Focus tool across the whole organisation of 300 staff; another was working across one unit of 80-90 staff across their children's services; and another across 30 staff from a range of children's services programs. While all interviewees described challenges in engaging staff beyond the change team, this challenge seemed to be greater for the larger cohort, and also for less homogenous programs and practitioners. Some staff found it challenging to complete the baseline Focus survey due to the difficulty of attributing domains to different practice disciplines. When applied across multiple program types, interpretation of results was more difficult. A greater effort to sustain staff engagement was required for larger staff cohorts.

'And so for us in our change team, we made the conscious decision, and senior leadership wanted it to be across the organisation, so it includes our business support, admin support people, the Community Capacity-building Team, as well as the intensive family support. But then it did mean that the tool is really focused more at that practitioner direct family contact.' [Org2]

'Even though I work for DHS, I actually sit and am surrounded by Department of Education staff. And although we do work together as community development coordinators across the region

and in partnership and in pilots, it's just slightly different... it would've been better for us to almost have done the survey as a separate unit so that we could look at that more specifically.' [Org2]

While organisations using Focus described having leadership support, there were differences in the decision-making styles of organisational leadership that seemed to affect the progress of implementation. Some interviewees described lengthy, multi-layered decision-making structures, while others were working in a more responsive decision-making environment.

'I mean our organisation I think is generally, there's an appetite to make fairly quick decisions when they see something that they think will work. Org01 has an interesting kind of structure... There's quite a sort of a concentrated management structure, and I think if there's an opportunity, they're really quick to jump on it. And this was one where it was really quickly fed up and really quickly given the green light back down.' [Org1]

'...we need to get our proposal of action plan up to... senior leadership for them to look at... there's all these different layers which have made it quite complex.' [Org2]



6. Key outcomes

Three of the four organisations in the case study had been working on implementation of the TRSF for approximately 12 months having conducted their baseline Focus staff surveys in the second half of 2023. Progress to date includes the following outcomes:

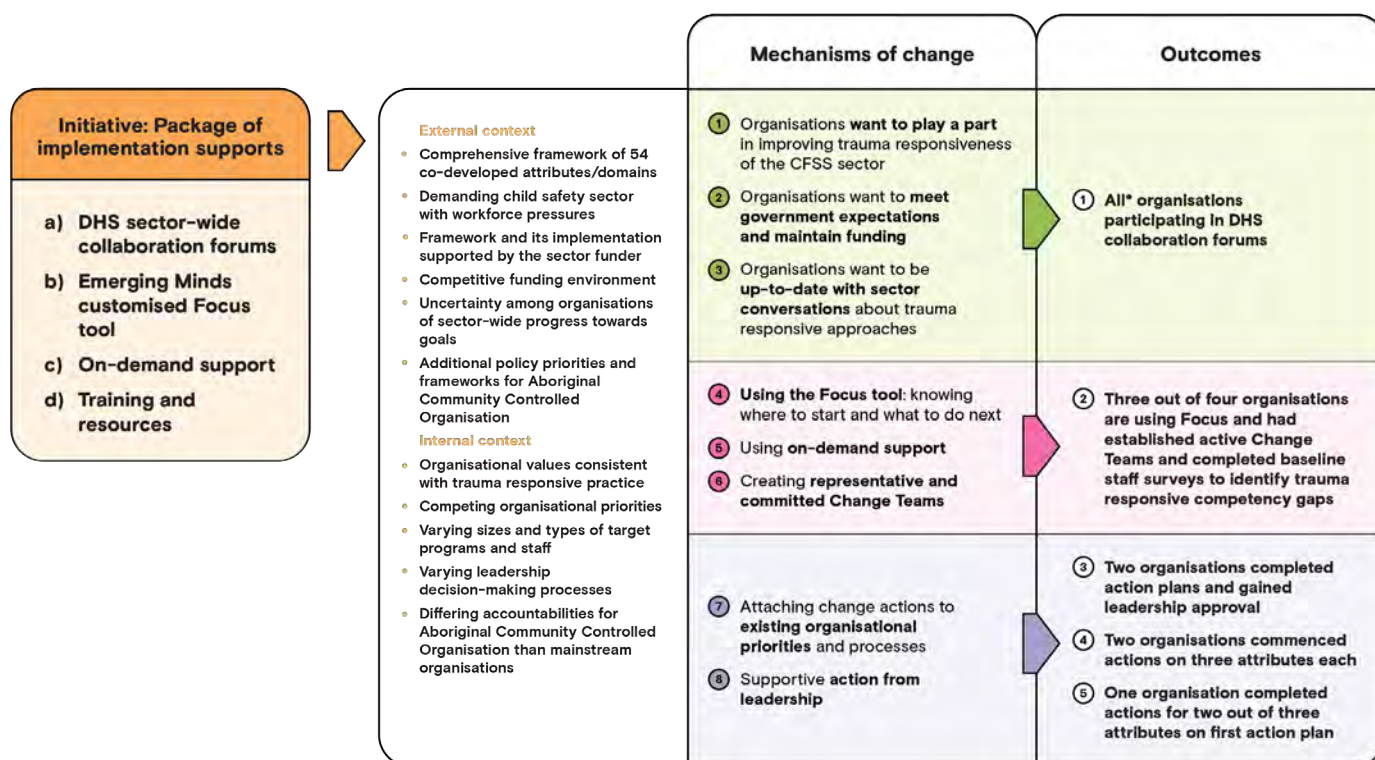
- All four organisations who took part in the case study were actively participating in and contributing to sector collaboration opportunities hosted by DHS through the Communities of Practice, Champions Network and Hosted Discussions.
- Three organisations were currently using Focus.
- The three organisations using Focus had established active change teams to lead organisational change initiatives.
- Three organisations had conducted baseline staff surveys using the Focus tool to identify areas for improvement in order to strengthen trauma responsive practices.
- On the basis of the baseline staff survey, two organisations had prioritised three attributes each from the TRSF for action. These included both practitioner and organisation level actions, such as: unit-wide training, strengthening their supervision framework, strengthening organisational policies, incorporating lived experience in service design, peer support for staff, and safe and holistic practices by practitioners.
- Two organisations had leadership approval and support to implement their change action plans.
- Two organisations had commenced implementation of their change action plans and one organisation was close to completing implementation of two out of its three action areas.

7. Mechanisms of change

In this case study, the mechanisms of change describe the ways organisations have responded to the package of supports for implementation of the TRSF (the initiative). The eight change processes outlined below appear to have been instrumental to achieving initiative outcomes to date.

The mechanisms of change were generated by grouping themes identified in the qualitative analysis, interpreting the relationships between the themes in each group, and consolidating these themes into eight key mechanisms of change (Figure 1).

Figure 1. Context–Mechanisms–Outcomes: Emerging Minds–DHS partnership to implement the Trauma Responsive System Framework (2023–2024)



* n=4 organisations in case study

1. Organisations want to play a part in improving trauma responsiveness of the CFSS sector

The starting point for DHS's implementation of the TRSF has been creating a sense of shared responsibility for trauma responsiveness across the CFSS sector, and facilitating collaborative discussions to help move the sector as a whole towards continuous trauma responsive capacity building.

'Our approach has emphasised collaborative partnering where we're in this together... Part of this first phase of implementation for the entire reform has been encouraging everyone to view themselves as being an integral part of the child and family support sector.' [DHS1]

This collaborative approach appears to have been successful among the organisations in this case study. All interviewees described a desire to support progress towards a more trauma responsive CFSS sector, and saw benefits for children, families and staff when organisations are trauma informed. Interviewees saw their organisations as having a part to play in creating shared standards of care across the sector for families, as well as common professional skills and language for the sector's workforce.

'I can see why they want that... to have a really uniform, that no matter what door you walk into as a vulnerable member of the community, or whoever knocks on your door, you're going to get a certain level of care and understanding, and responsiveness...' [Org1]

'I get the benefits of it across the sector-wide. If we can all talk the same language and work within the same way, it just makes working with other external agencies a bit easier as well. And not that you ever want to lose staff, but I guess if you lose staff and they go to an organisation that is also in the similar field, then they also would be using most likely the same kind of frameworks and language and stuff as well.' [Org3]

Some organisations had promoted these sector-wide benefits in their communications to engage staff in change processes.

2. Organisations want to meet government expectations and maintain funding

As well as improving the quality of services across the sector, interviewees were also keen to meet government expectations in terms of being a trauma responsive service, and to maintain program funding. Interviewees did not express any detail about expected funding requirements, but instead made general comments that indicated that commercial considerations were an important driver in implementing the TRSF and using Focus – in addition to supporting DHS in its reform agenda. One

interviewee described a "procurement element" to their organisation's participation.

Queries were raised by some interviewees about whether agencies who used Focus might be preferred for funding because they could supply DHS with data on implementation of the TRSF. These pragmatic considerations did not diminish organisations' commitment to improving service quality, but are an influential change mechanism in their own right.

'I think it probably helped that it's our funder that's providing it, and we are not naive. I'm sure management's not naive in the sense that our relationship with DHS is really important, but we also want to support them.'

3. Organisations want to be up-to-date with conversations in the sector

All interviewees had participated in various collaboration forums presented by DHS, and many of the interviewees had been presenters at forums, sharing experiences or expertise with other organisations.

Collaboration forums hosted by DHS include:

- A cascading series of Communities of Practice forums addressing chief executives and leaders, middle and upper leadership, and a statewide practitioner forum.
- A Trauma Responsive Champions Network to build whole-of-system trauma capacity, usually attended by nominated organisational champions and change team members.
- Statewide Hosted Discussions and coaching support to practice leaders to support the CFSS Common Elements: core foundational trauma responsive skills at the practitioner level.

A common driver of participation in the forums was an interest in how other organisations are approaching implementation of the TRSF, what topics the sector is discussing, and an understanding of government directions and agendas.

'We've had some really powerful feedback from our survey results, communities of practice, as well as anecdotal evidence through our Champion Network demonstrating the significant impact of some of the presentations and discussions we have facilitated...it feels like it's really raised the level of the practice discussion across the sector.' [DHS1]

'I think they're (Champions Network meetings) great for me, they're really good to just hear. I love hearing how other agencies are going and just getting ideas about how they've addressed any barriers.' [Org3]

‘I think at the last one aired at that community of practice level, [an organisation] shared some of their data, which we found really helpful. They also shared it with CEs and executives, so that’s really helpful.’ [Org4]

‘...there’s a chance to get a sense of the lay of the land and what we are working within, like the other organisations and people who are in this space, and what is happening in the background.’ [Org1]

DHS has convened presenters and discussions that respond to organisations’ requests and areas of interest. Organisations found this helpful, with interviewees describing Communities of Practice and Hosted Discussions as very useful when they were directly relevant to the change actions their organisation was currently working on, providing ideas and guidance on implementation considerations.

Some interviewees described a lack of clarity around the purposes of the different forums, and saw a need to more clearly differentiate system-level discussions from practice level discussions, and also to recognise the differing levels of risk depending on program tiers, which impact on practices across different programs and practitioners.

‘I think there’s value for all of the components. It’s just how they’re organised maybe.’ [Org2]

4. Using Focus - Knowing how to start and what to do next

Three of the four organisations that participated in the case study were using Focus. Interviewees described the tool as providing an entry point for translating the 54 attributes of the Trauma Responsive System Framework into quality improvement actions. This seemed to be particularly important given the scale of the framework, and organisations’ need to identify manageable pieces of work in order to operationalise the framework.

‘I don’t know how we would’ve thought to approach it... I think the whole thing would’ve died off, to be honest.’ [Org2]

‘I think looking at the indicators and all of those goals and targets [in the Trauma Responsive System Framework], it’s almost overwhelming... So the Focus tool, I think, became for us the tangible way of approaching implementation. So it was kind of like, “oh, phew, there’s something that will help us.”’ [Org2]

‘And I think without it would’ve definitely just stalled how we were going, because I think you need that sort of comprehensive roadmap.’ [Org3]

‘I mean, to be honest, it offered a ready-made, ready-to-go.’ [Org1]

The way Focus facilitated action appears to be

consistent with the underlying theory of change of the tool, as identified by the EM Focus project team. This includes (a) identifying gaps in organisational trauma competency areas and comparing staff and management perceptions of competencies, (b) using data to make decisions, measure change and provide accountability, and (c) using action plans to structure activities and target effort.

a) Identifying gaps in organisations’ trauma responsive capability

Organisations using Focus referred to the important role Focus played in identifying areas for improvement following completion of the baseline staff survey through Focus. This provided evidence to leadership of organisational strengths and areas requiring further strengthening in order to support greater organisation-wide trauma responsiveness. Interviewees commented on the differences that were identified between management and staff views of capability, and the benefits of capturing perspectives from outside the leadership team to inform decision making on improvement priorities.

‘...it’s really interesting to see the disconnect a little bit. It was quite good on the whole, but between what managers and senior managers, where they think we’re at and where practitioners think you’re at...’ [Org1]

‘It was just really easy to pick where the discrepancies were, I suppose. And to be able to just have the leadership that we do and the comfortability with vulnerability, I suppose to just go, “Oh, we think we’re doing great, but our staff don’t, so let’s choose that and let’s just lean into it.” But yeah, the Focus tool just makes that quite clear.’ [Org3]

b) Using data to make decisions, measure change and provide accountability

Some interviewees described how their senior managers saw particular value in the data collection and reporting functionality of Focus to inform decision making and provide a ready-made way of measuring progress in implementing the TRSF. Change team members also found it helpful to have survey data to show quantitative evidence of improvement needs, rather than relying on anecdotal evidence. This helped with securing executive level commitment to addressing capability gaps.

The Focus survey data was also seen by interviewees as a way of holding the organisation accountable and ensuring that progress is made before the next staff survey.

‘Because you’re going to put that survey out again, you’re going to be held accountable to what you’ve done in a sense. There’s a sense of, “Oh, hang on a sec, we’re going to be rolling this out. What if we get the same gaps in a year’s time?”’ [Org1]

Organisations were also considering how their existing routine data collection from staff and families could be aligned with Focus surveys, in order to measure changes in staff and client experiences and outcomes related to change action areas.

Interviewees described some sensitivity within their organisations around the collection of data. This included avoiding using data to compare performance between parts of an organisation with different functions, client groups and skillsets, and also needing to reassure staff that survey data was anonymous.

ACCO interviewees raised additional considerations for them in terms of collecting and reporting data, including meeting standards of data sovereignty within their organisation to retain control of data collected from Aboriginal people, not just in relation to Focus and the TRSF, but any mainstream data collection.

‘We already have our own accountability measures and our own ways of... collecting data that align with data sovereignty and strengths-based practice and that are culturally responsive...’[Org4]

c) Using Focus helped organisations structure activity and target effort

Interviewees described being able to structure improvement activity through the action plans generated by the Focus tool. This helped organisations to focus attention on agreed improvement priorities, and provided a shared language which assisted with more efficient discussions about action areas and desired outcomes.

‘I think one of the ways the tool’s been helpful in those conversations that it gives you quite structured language.’ [Org2]

‘We’re a bunch of very passionate people, so we can sometimes just get so chatty, if we didn’t have the tool that just spurted something out, I think we could just talk for hours and get quite distracted.’ [Org3]

In addition, because the customised version of Focus reflects the attributes of the TRSF, interviewees could be confident that their change actions were targeting the requirements of the framework.

‘It’s aligned to the framework. So whether it’s the staff survey or... the action plan, is all aligned to those attributes and indicators within the framework... So I think the Focus tool has been good to drive structure and action.’ [Org2]

While focus appears to be a useful tool for organisations, like any tool, its effectiveness depends to an extent on its users. Some interviewees observed that the achievement of successful outcomes will

require organisational capabilities and commitment in addition to the use of Focus.

‘So I think the tool has definitely helped shape our direction, but then I think it’s going to be the actions and the commitment from everybody to move it forward.’ [Org2]

5. Using on-demand support from Emerging Minds and DHS

All three organisations using Focus had used on-demand and in-person support for both technical support for Focus and general guidance on quality improvement processes. In many instances organisations had managers and additional staff to attend first meetings with Emerging Minds and the independent consultant (and sometimes a DHS project team member), to help sell the capabilities of Focus and negotiate any potential stumbling blocks. Interviewees were also grateful for patient technical support around queries about using Focus. According to interviewees, making use of this additional support, made freely available by EM and DHS, helped organisations to make an initial commitment to using Focus, and then to progress their implementation processes.

‘And so we invited Sean [consultant], Travis, and Helen [EM] back in again to go, hey, are we doing this right? Are we looking at this in the right way? And got some really great advice...’ [Org2]

‘Steph [DHS] has been really helpful... just giving me some tips... confirming some of my thinking.’ [Org3]

‘I think it was really critical... because there’s just a few questions here and there that particularly from management perspective, that I couldn’t answer... the efficiency and the effectiveness of just having everyone in one room, I think that was really important... and have the availability of those people that are on the inside of it, and have really put some heart and soul into it, I think that really helps. It helps with our sell.’ [Org1]

‘Our HR executive, was interested to hear about it, but there was some anxiety around what’s this going to mean. If we’re sending out surveys to staff, we already do that... and what if HR is going to have an obligation to follow any issues up? And so that just took a little bit of teasing out, I suppose, in which Sean [consultant] and others from EM were excellent at just alleviating any of those worries.’ [Org3]

6. Creating representative and committed change teams with additional project support

Organisations using Focus had established change teams to drive implementation of the TRSF.

Interviewees described seeking representation across the organisation or unit, and the inclusion of executive, management, practitioner and non-practitioner representatives. In addition to this vertical and horizontal representation, organisations had found that a shared level of commitment among change team members was important, and that it was preferable that people weren't co-opted to the team based only on their position. This was seen as important to the objectives of the TRSF, that being trauma responsive in a meaningful way requires a meaningful change team and not a 'talkfest'.

'We actually called an EOI for people to volunteer... It was people that chose to be a part of this who actually see the value in it. So yeah, it is been a really good change team.' [Org2]

One organisation had found that to maintain a committed team over time it was helpful to refresh the change team if people weren't seeing the value in it, and bring in people who wanted to be a part of the change process.

'And that was great, because that brought a couple of people out of the woodwork who you wouldn't have expected, who've really been keen to be part of it... It works better. You get that buy-in, which they're buying in themselves.' [Org1]

Because change team members are participating on top of their existing workloads, managing competing priorities was a challenge for all interviewees. Two organisations had support staff allocated, one a project officer and the other a communications advisor, who were described as invaluable to assisting with report preparation, IT and internal change communications, reducing the time burden on other change team members.

7. Attaching change actions to existing priorities and activities

Change teams from the three organisations had all identified broader priorities within their organisations, or existing processes, such as existing practice and professional development frameworks, to which they could attach their TRSF actions. This included building on existing work within the organisation, or providing an impetus for organisational changes or reviews that had been discussed but not yet actioned. By finding alignment with existing organisational directions or challenges, change teams were able to demonstrate to decision-makers some efficiency as well as benefits beyond implementation of the TRSF.

'So for example, one of the action items that we chose was, I think it was 'Safe holistic practices supported by practitioners'. So we'd already started conversations about how we think about supervision as Children's Services.' [Org3]

'And we kind of overlaid both the Focus results and the staff survey [routine organisational survey] results. And what leadership out of the staff survey had prioritised was very much around organisational safety, which fit beautifully what we saw then through the Focus results of people talking around safety and what that looks like.' [Org2]

'I can see that across our organisation there's things at play that are being worked into the way we practice and the way we execute our roles, that I think naturally will feed in really well to making sure that that framework is embedded. Some therapeutic approaches that have been worked on... prior to this, that have started to be rolled out to practitioners.' [Org1]

8. Active, rather than in-principle, leadership support

Some interviewees made a distinction between in-principle leadership support and active leadership support, describing executive level buy-in as essential to implementing change action plans. Specifically, active leadership support made a material difference in terms of allocating resources and time for change activities such as staff training or an increase in supervision sessions. Without that active support and allocated time and resources, it was a struggle for organisations to practically implement changes.

'... a hundred percent if you don't have that, at least fairly senior management level buy-in and motivation... our exec. manager, she's been really enthusiastic and she's really pulled along with me. Without that exec. level kind of motivation, I do wonder whether we would've had the success we've had... you need someone in that more centralised role to say, "No, no, we see value in this and absolutely make time, carve it out, whatever you need, I'll support that."' [Org1]

'And so then the challenge is actually whilst we have leadership endorsement, actually getting leadership action to back it up as well. And it is, it's that space and time, buying space and time to actually be able to do this.' [Org2]



However, it should be noted that in this case, Focus had been customised to include all 54 domains of an existing framework, resulting in quite a demanding change agenda. EM has used learnings from its close involvement with CFSS organisations to develop supporting resources to accompany Focus, which it expects to limit the amount of reactive support needed by organisations.

DHS's trauma-informed approach to supporting organisations to implement the TRSF has created a collaborative, sector-wide learning environment. However, some organisations were experiencing uncertainty about what progress the sector had made. While DHS and EM have assiduously avoided the use of data for performance measurement, there may be a case for the introduction of some form of reporting of aggregated sector-wide progress to provide a sense of direction and achievement at the sector level.

This case study provides useful findings about factors that have influenced the progress of system change, using a quality improvement approach, to improve the safety and quality of services for children and families interacting with the South Australian CFSS sector. Feedback on Focus will be used by EM to inform its continuous improvement of the tool, and to better understand the contexts in which the tool is used, including the considerations of ACCOs in regard to culture, governance and data sovereignty. Findings from this case study will also assist EM to develop strategies to engage other organisations in multi-organisation collaborations to better respond to children's mental health needs.

8. Conclusions

The TRSF is an ambitious system-wide agenda to improve the trauma responsiveness of South Australian intensive family services. DHS's long-term implementation planning has recognised the inherent challenges of system change and the pressures on CFSS organisations. Implementation supports provided by DHS and EM to assist CFSS organisations to embed the TRSF have been successful at gaining the support and participation of CFSS organisations. The key drivers of this participation have been a shared sense among organisations of having a role to play in sector reform, as well as wanting to meet government expectations and ensure future organisational funding. Using Focus had helped organisations to find ways to operationalise implementation of the TRSF, particularly using data to identify organisational priorities. The size and heterogeneity of target workforces appeared to be a factor for organisations in engaging staff in the change process. Active executive level support and representative, committed and resourced change teams were important enablers for progression of change action plans. Despite the challenges of the extra workload, change teams had been successful in finding ways to progress organisational change through strategic use of resources and linking change actions to existing organisational priorities and processes.

All organisations using Focus had relied to an extent on in-person support from EM, DHS and an independent consultant, not only for technical support but also for guidance on advocating for change within their organisations. This does raise questions about how self-guided Focus can be.

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