Practice studio: Implementing a trauma- and violence-informed care (TVIC) framework

Cairns Sexual Assault Service (CSAS) and
WorkUP Queensland

Contents

Acknowledgments

Cairns Sexual Assault Service acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to lands, water and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

Cairns Sexual Assault Service would like to thank all of the Cairns region service providers and practitioners who were part of the practice studio workshop and contributed their time, expertise and knowledge to improve services for survivors of sexual violence.

Executive summary

Cairns Sexual Assault Service (CSAS) was invited by WorkUP Queensland to host a practice studio – a project that aims to trial the implementation of the trauma- and violence-informed care (TVIC) framework into practice after submitting an initial expression of interest. The TVIC framework, tested as part of the WITH study (Women's Input into a Trauma-informed system model of care in Health settings), builds on the concept of a trauma-informed framework by considering the impact of systemic and interpersonal violence and systemic inequalities. The model focuses on delivering woman-centred care and developing practitioner-centred service.

The overarching aim of the project was to implement the TVIC framework in order to improve trauma-informed practices across the Cairns region. The project, guided by the TVIC framework, explored the following questions: "How does the work get done?" and "Why does the work happen that way across services?" The project was designed to hear the voices of men and women impacted by sexual violence, and the voices of practitioners.

The project consisted of four stages:

1. CSAS clients' experience of service survey
2. the workshop involving Cairns service providers
3. implementation of the findings
4. review and consolidation of learnings.

The project spanned 18 months and involved CSAS staff as well as representatives from the following services: Cairns Hospital, Cairns District Police, Victim Assist Queensland, Cairns Regional Domestic Violence Service, Relationships Australia, Shelter Housing Action Cairns, Ruth's Women's Shelter and the Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association. It also involved an LGBTQ private practitioner and a local high-school nurse.

Overall, CSAS was able to make significant changes to the service environment to the benefit of clients. A difficulty, however, was in engaging other services in this journey, which required staff time and resources. This project, the first of the practice studios to conclude, provides our sector with more knowledge about the challenges involved in making change while also providing us with a path forward for further improvement.

The project commenced in April 2020 and concluded in June 2021.

Introduction

Cairns Sexual Assault Service (CSAS), a service of True Relationships & Reproductive Health (True), is committed to providing clients impacted by sexual trauma with services informed by research (see Box 1). Clients are often referred to the service from other services within the Cairns region and/or referred to other services as a result of their engagement with CSAS. CSAS staff recognised that while there was an opportunity to improve trauma-informed practice within their own service, clients would derive greater benefit if the whole service system could work together to achieve this.

Box 1: CSAS is part of True Relationships & Reproductive Health (True), a profit-for-purpose organisation, established in 1972. True provides a broad range of reproductive and sexual health services, as well as counselling and community education. CSAS is an inclusive service supporting all people impacted by sexual violence (recent or historic) regardless of age, gender, sexual preference, ethnicity, religion, personal values or cultural background.

CSAS provides free and confidential services for anyone affected by sexual violence which include:

- information and support for survivors of sexual violence and their non-offending partners, family members, carers, friends or support people
- face-to-face and telephone counselling
- referral and advocacy throughout police and legal processes
- 24-hour crisis support for anyone presenting at the Cairns Hospital emergency department or the police after a recent sexual assault.

To access CSAS, potential clients can either self-refer or get referred by other services and professionals such as the police, hospital staff, doctors and other professionals.

In 2019 an opportunity to review and improve service through a project with WorkUP Queensland (see Box 2) became a possible pathway to achieve this. Through WorkUP Queensland, organisations were invited to express an interest in hosting a practice studio. Practice studios are small, funded projects that take learnings from the evidence base about what works to prevent and respond to violence against women and their children and embed them into practice, with the aim of learning more about successful implementation strategies.

Box 2: WorkUP Queensland is service that provides capacity-and capability-building support to domestic and family violence, sexual assault and women's health and wellbeing services, funded through the Office for Women, Department of Justice and the Attorney-General (DJAG; Queensland). It is a partnership between lead partner the Healing Foundation and Australia's National Research Organisation for Women's Safety (ANROWS). Founded in May 2019, the service brings together the Healing Foundation's training and leadership expertise, strong connection to Aboriginal and Torres Strait Islander cultures, and knowledge about the ongoing impact of trauma and strengths-based approaches to support healing for communities and frontline workers, and the capability of ANROWS to mobilise evidence into practice through a gendered lens.

CSAS submitted an expression of interest (EOI) based on the learnings from the ANROWS-funded WITH study (Women's Input into Trauma-informed care in Health settings), led by Professor Kelsey Hegarty (see Box 3; Hegarty et al., 2017). CSAS staff saw that the learnings from the WITH study could be usefully applied in the Cairns regional service system context as this system was seeking to address similar problems outlined in the study. The trauma- and violence-informed care (TVIC) framework and the model developed by Hegarty and colleagues provided a way of working with the complex network of specialist and mainstream services that clients have to navigate and improving the sector's capacity to deliver TVIC.

Box 3: Women's Input into a Trauma-informed systems model of care in Health settings (the WITH study; Hegarty et al., 2017) aimed to understand how to promote and embed a trauma-informed organisational model of care, responsive to women and practitioners, into the complex system of mental health and sexual violence services. The study was conducted by drawing on existing literature as well as interviews with 67 women who have experienced both mental health problems and sexual violence, and 72 practitioners at a major public hospital, a clinical mental health service and three sexual violence services.

Women's perspectives highlighted that a holistic service model was lacking when dealing with the complexity of sexual violence coupled with structural forms of oppression and marginalisation such as family violence, alcohol and drug problems and being members of Aboriginal and/or Torres Strait Islander communities or culturally and linguistically diverse backgrounds. As a general consensus among women, staff and practitioners, there was an emphasis on the importance of being able to easily access appropriate and ongoing trauma-informed services that share information, provide referrals, and support women in accessing help for their complex issues, not only during crisis. As a result, a trauma- and violence-informed care framework was developed to create a safe and supportive health setting for women and staff alike.

This framework integrated a woman-centred approach, providing care and empowerment, and a practitioner- and staff-centred approach, supporting practitioner needs and providing education and research. It aims to improve women's experience of complex systems by recognising and responding to their safety and care needs, no matter which service they approach first.

CSAS worked with WorkUP Queensland to develop the EOI into an implementation plan which was then approved by the WorkUP Queensland Steering Committee. Participating in the practice studio was an opportunity for CSAS to obtain feedback from clients about its services, and to engage with the other services that frequently refer to CSAS. The project also provided an opportunity for reflection on how we provide services to our clients and why, and whether the current practices were aligned with findings from the WITH study. The project budget, with funds from WorkUP Queensland, included items such as staff hours, events and resources.

Methods

The project involved CSAS's clients as well service providers in the Cairns region such as Cairns Hospital, Cairns District Police, Cairns Regional Domestic Violence Service and other referring services. Initially, the project aimed to conduct face-to-face interviews with CSAS clients; however, after receiving feedback advising that the proposed methodology would require ethics approval, adjustments were made to reduce the risk to clients, including shifting from in-person interviews to an anonymous online survey. The anonymous survey, which could be completed at the client's convenience, replicated existing quality assurance processes routinely employed by the service and was focused on clients' experiences of service, rather than their individual experiences of assault. With this reduced risk, and the support offered and provided to participants, the project was able to continue.

Part A: The clients' experience of service survey: Clients who have been accessing counselling at CSAS were invited to complete an anonymous survey about their experience with CSAS as well as the service that referred them to CSAS.

Part B: Workshop: The results from the survey were then de-identified and emerging themes were shared with the participating Cairns region service providers through a workshop. The aim of the workshop was to identify actions that could be undertaken by the group of service providers to improve the sector's capacity to provide TVIC.

Part C: Implementation: The recommendations from both the workshop and the clients' experience of service survey were implemented. The aim of this step was to progress the ideas that came out of the workshop via three workgroups, as well as allowing CSAS to work on implementing their own improvements to their service. After the workshop, momentum was hard to sustain with other participants and CSAS explored many options to combat this. A short, anonymous practice studio feedback survey was sent to the participants of the working groups to get their input about their experiences.

Part D: Review and consolidation of learnings: CSAS clients who accessed support after the implementation were surveyed again using the existing CSAS survey (the first session survey) and results were shared with participating services.

Implementation

Part A: The clients' experience of service survey

Respondents were recruited from the CSAS client base and included men and women who have experienced sexual assault or rape, who were not currently in crisis, and who were over the age of 18. To be eligible for participation in the survey, potential participants had to be CSAS clients who have received or accessed CSAS services in relation to the sexual violence they experienced.

CSAS clients (including previous clients who had earlier agreed to be contacted for research and evaluation purposes) were informed of the practice studio project and provided with a participant information sheet (see Appendix A). The project and the consent form were explained during one of the counselling sessions. Clients were informed that participation was voluntary, and that they could change their mind and withdraw from the project at any time. Those clients who agreed to participate in the project signed their consent form which was later uploaded to their file and stored securely.

The consenting clients were invited to participate in an anonymous, online questionnaire (see Appendix A) about their experiences with CSAS, the service that referred them to CSAS, and other services that have supported the client. The survey was informed by the TVIC (see Box 4) and consisted of seven questions related to clients' experience with CSAS as well as the referring services (see Appendix A). The link to the survey was sent to participants via email between 30 October and 3 December 2020. Eleven clients completed the survey, and the responses are summarised below.

Box 4: The trauma- and violence-informed care (TVIC) framework

The TVIC framework (see Figure 1) underpins a woman-centred care approach (empowerment and holistic approach) and a practitioner-centred service (focusing on supporting practitioners' needs and providing education and resources). Further, the TVIC framework suggests that the following two questions should guide the system changes: "How does the work get done across services?" and "Why does the work happen that way?"

How does the work get done: Two strong themes were identified by the study: 1) relationship-building through opportunities to talk and develop trust over time and share understanding of different frameworks and roles within and between services; and 2) integrated and coordinated care which involves clear roles, referral pathways and mapping, as well as policies supporting the trauma-informed work and staff champions to drive the work.

Why does the work happen that way: 1) A reflective system is needed to enact improvement in delivering trauma-informed care, which includes feedback from women and practitioners, and an audit; and 2) environment and workplace scan of spaces, workflow and culture is required to allow improvement.

Figure 1: Trauma- and violence-informed care
Source: Hegarty et al., 2017

Key findings from the survey

1. CSAS

A number of factors were identified by participants as being helpful and working well at CSAS:

- friendly, approachable and welcoming staff who take time to empathetically listen and allow survivors to share their story at their own pace. Other common themes that emerged from the survey were feeling heard and validated and being treated with respect and kindness
- being able to speak to someone about what happened without feeling judged
- therapeutic alliance: having a counsellor that fits with the person and option to change counsellors when required
- consistency of service and counsellors: participants shared that it was helpful that there is consistency of service and counsellors. Seeing the same counsellor meant that clients did not have to share their story to multiple times
- unlimited sessions: participants also highlighted that there is no time limit on recovery and the counselling takes place at the pace dictated by them
- flexibility of sessions and counsellors: counselling sessions available in the morning and late afternoon
- fast support: lack of long waitlists
- support at hospital or police station from the on-call workers.

A number of factors were identified by participants as being barriers to effective delivery of service, and they made suggestions for how the service could be improved:

- physical environment: prior to the COVID-19 pandemic, CSAS clients had to check in with the True clinic reception which some participants found daunting as they felt that other people in the waiting room “would know why they were there”
- community awareness of the service: not all survivors get support early enough (or at all) due to limited awareness that the services like CSAS exist
- support groups: participants suggested that they would benefit from support groups so they would be able to connect with other people who had had similar experiences, so as not to feel so isolated
- access to a sensory room and/or an art room
- the impact of COVID-19 on face-to-face counselling: the impact of COVID-19 on face-to-face counselling and the transition to phone counselling made counselling more difficult and not as therapeutic for clients.

2. Referring services

A number of factors were identified by participants as being helpful and working well when they first disclosed sexual violence to a service that referred them to CSAS:

- being respectful: listening without interruption and not asking too many questions
- explaining the process: what will happen next and why
- connecting survivors with other services such as CSAS, VAQ, CBH, 1800RESPECT etc.

A number of factors were identified by participants as being barriers to effective delivery of service and referral pathways, and they made suggestions for how those could be improved:

- referral process: staff were reported to be unfamiliar with the referral process, and participants suggested ensuring that staff are familiar with the referral process to CSAS (including the on-call process)
- trauma-informed service delivery: ensuring that staff are familiar with trauma-informed care, how to work with survivors of sexual assault, and how to use language that does not instil blame
- improved communication between staff involved in supporting the client so there is no need to repeat the story to multiple people and or to be asked a lot of difficult questions by different people
- physical environment at hospital: participants suggested having a comfy chair, so it does not feel as clinical
- follow-up phone call after referring to another service
- inclusive services for both men and women.

Part B: Workshop with service providers

On 25 March 2021, 28 invited guests from across the sexual violence service sector in Cairns participated in a workshop. The participating services included Cairns Hospital, Cairns District Police, Victim Assist Queensland, Cairns Regional Domestic Violence Service, Relationships Australia, Shelter Housing Action Cairns, Ruth's Women's Shelter and the Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association. An LGBTQ private practitioner and a local high-school nurse also participated in the workshop.

The aim of the workshop was to develop an action plan, or the next steps to enhance the capability and capacity of the service sector in Cairns to provide trauma-informed care to people who have experienced sexual violence. The event commenced with an introduction to the practice studio and the research, including the TVIC framework. De-identified findings, presented as themes rather than as direct responses from the clients' experience of service survey, were shared. The participants worked through three separate activities based on the TVIC framework (see Box 4) and informed by the WITH study.

1. How does the work get done?

The first activity involved answering the question, "How does the work get done?" In this activity, attendees were asked to discuss how the work is done across the sector. They worked in four small groups of five to six participants and wrote their responses on sticky notes. Two of the groups considered the question in relation to the "relationship building" building block and discussed talk, time, trust and shared language. The other two groups discussed the question in relation to the "integrated coordinated care" building block and discussed clear roles, referrals, policies and champions. After working in the small groups, they shared their discussion with the larger group.

The groups discussed various aspects of work done across the sector such as having interagency meetings, following referral processes and the referral processes themselves. Participants also discussed what support and services they could provide within their role and service, and when they have to refer clients to other services. There was also a discussion around the need to develop more trust between services so more collaborative work can to take place, the importance of services staying connected, the benefit of having regular interagency meetings, and opportunities for staff to build skills and knowledge with relevant training.

Limitations identified included not having enough time in a day to provide service to clients, private practitioners being excluded from the networking, lack of forensic examiner courses for nurses, and funding and time constraints and limitations.

2. Why does the work happen that way?

The second activity involved answering the question, "Why does the work happen that way?" In this activity participants were asked to consider why the work is done the way that it is done across the sector. They worked in small groups. Two groups considered the question in relation to the "reflective system" building block and discussed women's and practitioners' voices and audits. The other two groups considered the question in relation to the "environment and workplace scan" building block and discussed space, time, culture and data systems. After a small group discussion, the groups shared their ideas with the larger group.

The participants shared that how work is currently done is limited by time, resources, contractual obligations, legislative requirements, funding and other systemic constraints. There was also a discussion that due to confidentiality, clients were required to retell their stories multiple times to multiple people. The need for regular interagency meetings and collaborative practice was also highlighted.

3. Imagine how could it be

The third activity was a facilitated discussion with the whole group, in which participants were asked to reflect on what had been discussed in the first two activities and identify the next steps to enhance the capability and capacity of the service sector in Cairns to provide trauma-informed care to people who have experienced sexual violence. The next steps needed to be within the participants' control (or a reasonable stretch goal), and participants would ultimately commit to working on one of those identified areas.

Through the discussion, participants agreed that there was a need for collaboration (working together across services), connection (regular opportunities to connect as services, such as interagency meetings), and improved trust between services. Additionally, professionals and services should have opportunities to provide feedback to each other and work collaboratively with each other.

Action plan:

The aim of the workshop was to develop an action plan, or next steps to enhance the capability and capacity of the service sector in Cairns to provide trauma-informed care to people who have experienced sexual violence.

Ultimately the group decided on three areas of focus for action and volunteers from participating services who agreed to participate in work groups were identified for all three areas.

1. **Service mapping**: Practitioners working in the sector wanted to know more about what services exist, what supports they provide and how they can support their clients to access these services. It was decided that one group would tackle this challenge. This seemed most important to people in the workshop who were from more mainstream services (health, education) and is likely to be of most benefit for supporting mainstream services to access the right specialist services at the right time and, to a lesser extent, vice versa. From a trauma-informed perspective, this should mean that clients get the right support, with potentially warm referrals, at the

right time. Further, in the clients' experience of the service survey, CSAS clients reported that services often did not know the referral processes that negatively impacted on their experiences. Mapping services and sharing the service map between organisations and professions should improve services users' experiences. There were four volunteers from the workshop who indicated they were willing to be part of this workgroup.

2. **Reflective practice**: Multiple people in the group expressed a desire to share practice wisdom across the sector, wanting to learn from other service providers about their work and how they do it. Suggestions included a community of practice or a space for reflective practice. Suggested tools included client journey mapping and analysing de-identified or composite case studies. Face-to-face and remote working options were mentioned. This practice is most likely to benefit specialist practitioners working across the sector and will support services to work in trauma-informed ways by broadening practitioner skill sets and relationship-building. Improved relationships between services will also mean improved referral processes and experience going through services for sexual violence survivors. Six participants volunteered to be part of this action step.

3. **Advocacy**: A small group of participants saw a need to advocate and lobby for a funded integrated service coordinator position, similar to the high risk teams (HRT) component of the current integrated service response,[1] but for less critical cases – a step-down-style service. This would likely be a long-term project as it involves securing additional funding and designing a model of delivery. This would likely have significant benefits for people in the Cairns region who have experienced sexual violence as, if successful, it would greatly enhance the sector's capacity to provide integrated coordinated care across services, prevent people from falling through service gaps, and strengthen connections across the sector.[2] This should also address the issues around poor communication between services identified by CSAS clients in the survey. This is likely to benefit the specialist sector and mainstream service providers. Two participants volunteered to be part of this action step.

Part C: Implementation

1. CSAS implementation of the recommendations from the survey

CSAS has also implemented changes based on some of the suggestions that came out of the clients' experience of service survey:

- The waiting room: it was identified through the survey that CSAS clients did not feel comfortable checking in with the True clinic (a medical clinic next door to CSAS, of which CSAS is a part) and waiting for their counsellors in the clinic's waiting area together with the patients of the clinic. CSAS clients reported feeling "as if other people in the waiting room had known why they were there". As a result of the feedback from the survey CSAS has utilised the existing waiting area (inside the counselling space) which is very private and less clinical. Clients are now entering

[1] For more information about HRTs see https://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/enhancing-service-responses/integrated-service-responses

[2] For more information about how integrating services can improve client outcomes, see https://www.anrows.org.au/publication/working-across-sectors-to-meet-the-needs-of-clients-experiencing-domestic-and-family-violence/

the service through a private and not easily visible door and can sit in a private waiting area only accessible to CSAS clients.

- Support groups: clients identified in the survey that they would benefit from having peer support groups which were not offered at the time of the survey. The CSAS team has developed a program for support groups that began on 14 July 2021. The support groups were offered to all CSAS clients.

2. Implementation of the action plan by work groups

After the workshop, the participants who agreed to be part of the implementation stage were contacted via email for their consent to share their details with other participants. From this two internal email groups were created for consenting participants: “Service mapping” and “Reflective practice”. The advocacy group did not progress as the participants who had previously indicated interest in leading this project were not responsive to repeated contact attempts.

Email working groups were created for participants to connect with other members of the group and share their ideas on how the actions can be implemented. The working groups were encouraged to meet either in person or via online platforms to share and discuss the implementation of action steps, the goals, commitment etc. However, there was a limited response and very low engagement from the participants who volunteered, and in the end, the volunteers were unable to identify a suitable time to meet, whether it was online or in person. A Google Doc, email trail and survey were suggested as other options for groups to share their ideas and connect without the need for all group members meeting at a specific time. After exploring potential risks and identifying risk mediation strategies, Google Docs were generated and shared with the groups; however, there was still very limited engagement from the volunteers. CSAS will continue to encourage those who volunteer to engage in the work groups.

To explore and identify potential barriers to engagement in work groups, a short, anonymous feedback survey was sent to the members of the working groups. Five people completed the survey. The respondents indicated that they were still keen to participate in the working groups and would like to see them continue, however they identified a number of barriers to their engagement. Some of the barriers were a lack of commitment to the working group, their current workload at their workplace, time constraints and ability to participate in the working groups, other participants’ availability to meet, and feeling intimidated working in a small group and/or leading the group.

Part D: Review and consolidation of learnings

Overall, it was clear that the place where we were able to have the most impact was within our own service. After implementing the change to the waiting area, a question about clients’ feedback about their experience when they first walk into CSAS (“How was your experience when you first walked in to the service?”) was added to an existing first session survey. The CSAS clients were offered the first session survey while waiting for their counsellor in the new waiting area between May and June 2021. Overall, the results from the above survey indicate that the CSAS clients reported positive experiences, feeling safe, private and welcomed by staff.

Participating in a practice studio is not just about the implementation of the research evidence. Importantly, WorkUP Queensland is seeking to learn what it takes to implement research into practice in domestic and family violence, sexual assault and women’s health and wellbeing services in Queensland so that those learnings can be shared across the

sector, increasing the likelihood that more practice design decisions are informed by evidence. Over the course of the implementation of the CSAS practice studio records were kept about what worked and what did not work so well and they are presented here as learnings. From these learnings we have developed some recommendations, which are presented further below**.**

Practice studio learnings

1. Application process

The application process was simple and straightforward, and the WorkUP team were available to work with us on understanding the process and helping us refine what we wanted to achieve. Once we secured funding for the project, the WorkUP team visited our Cairns office and provided us with an overview and guidance on how we could implement the project.

2. The co-design of the practice studio

From the early stages of the project, the WorkUP team provided us with a lot of support and guidance which made the project smooth and easy.

The WITH study provided inspiration and a model for comparison so we could see if our service was truly trauma- and violence-informed, and one that allowed us to explore the experience of victims and survivors of sexual assault as they journeyed through the systems of police, hospital, other counselling services, legal services or victim services. We thought it would be great to interview clients about their experience and our contact from WorkUP spent as much time as we needed to help us design the project and refine it so that it fit the parameters of the practice studio model. CSAS was successful in receiving some funds to run the practice studio and this allowed the project leader to commit to a day of work towards the practice studio.

The CSAS manager reflected that because of the hands-on project support provided by WorkUP, she was not required to be really closely involved and only provided support as required by the practice lead.

3. The redesign

Unfortunately, CSAS hit a few hurdles in the process. The first one was the COVID-19 pandemic, as we had wanted to have an in-person presentation about the WITH study for relevant local stakeholders to build interest and buy in, before including other services and organisations in the process going forward. We then moved to trying to do an online presentation of the WITH study but there was so much Zoom fatigue and difficulty with arranging the researcher to get involved that it didn't happen. We decided to put our energy instead on the face-to-face interviews with our current and recent clients about their experiences. However, another issue that we came across was with the design of the project. It became clear at one point that if we wanted to interview our clients, we would be required to apply for approval through an ethics committee. Understandably, this was outside the scope of this small project, both in terms of the expertise it required and the time that would need to be invested. After consulting with WorkUP, we redesigned the practice studio, removing the need for in-depth, in-person interviews with former clients. Instead, we replicated existing quality assurance mechanisms (our client feedback survey) and were able to safely receive targeted feedback about our service delivery in an anonymous, online format. In this way, we were able to substantially reduce the harm to participants while still

becoming more informed about the experience of our service delivery from the clients' perspective.

4. The workshop

The challenges with previous steps led to some delays with the workshop that involved the local stakeholders who frequently refer to CSAS. The workshop provided an opportunity to introduce the practice studio and the WITH study to the sector. During the workshop we discussed the findings from the clients' experience of service survey conducted earlier, exploring these findings and brainstorming to see if there was anything we could do better to ensure victims and survivors in Cairns had an experience that was as trauma- and violence-informed as possible.

Something really disappointing about this was that the key players from the Queensland Police Service, who had been supportive of and enthusiastic about this project, did not attend as a major investigation was happening at the time. Someone did pop in at the end of the workshop but the major investigation that was unfolding at the time did limit their capacity to be fully engaged. This was very disappointing, because some of the conversations about change were relevant to their service and were not things other people in the room had power to influence.

Overall, the workshop was very successful and provided the Cairns sector with an opportunity to get together and discuss current processes and gaps, as well as an opportunity to discuss and brainstorm ideas for how to improve things.

5. The strategies used to implement the evidence

The survey data received from clients was used as evidence to support a new way of entering clients into our service. This was not approved in the past due to risk concerns from head office but with these data from clients we were able to make some changes. Further, the results from the survey informed our decision to create a group program for our clients. The practice studio project also aimed to involve Cairns service providers in the implementation of the action plan developed through the workshop. This was important to increase communication between services. What we found was that Cairns has lots of motivated and passionate people that are committed to improving the lives of victims and survivors through the work they do in their roles. We also found that most people do not have any extra time beyond the pressures and expectations of their daily roles to be involved in trying to implement change that is not a part of their direct service delivery. Something that could potentially be considered in the future is to have a collaborative, multiservice practice studio project that would provide funding for services to be involved.

6. What we learned about implementing research

There were lots of learnings stemming from the project and we adapted the process continuously at each new step as we worked out what was needed and what was possible. There was plenty of opportunity to be flexible and at no point along the way did we feel pressured by WorkUP to deliver something that we had said we would do; they supported us to make it work as the climate changed. Some of the findings from the workshop will extend to learnings that can be utilised in different ways in our local community as we continue conversations and relationships that will support clients as they move between services in our local area.

Recommendations

Implementing a research project is a fantastic opportunity for an organisation to re-evaluate its current processes, become more familiar with the evidence base for practice and improve its services. The implementation project would best work as a team project as opposed to a single-person project, to spread the responsibilities as well as to generate positive energies and motivation across the whole team. Further, having multiple agencies involved in the project would also enhance the chances of the project to be successful; as was evident in the current project, it was difficult to get other practitioners involved in the project outside their funded work. Implementing changes requires a commitment from the whole organisation, if not from the whole sector.

References

Hegarty, K., Tarzia, L., Rees, S., Fooks, A., Forsdike, K., Woodlock, D., Simpson, L., McCormack, C., & Amanatidis, S. (2017). *Women's Input into a Trauma-informed systems model of care in Health settings (the WITH study): Final report (ANROWS Horizons 02/2017)*. ANROWS.

Appendix A

1. Clients' Experience of Service Survey

The first three questions will ask you about your experience with Cairns Sexual Assault Service.

1. What did you find that was helpful when you first came to Cairns Sexual Assault Service?

2. Were there things that Cairns Sexual Assault Service did that you think were unhelpful or made things harder?

3. What could be done to improve experiences of people like you?

The next four questions will ask you about your experience with a service provider (such as police, hospital, counselling service, and other professionals) to which you first disclosed sexual violence, and your experience around the referral process to Cairns Sexual Assault Service). If no other service was involved, write N/A.

4. When you first disclosed sexual violence to a service provider, can you describe what they did that was helpful?

5. Were there things that the service provider did that you think were unhelpful or made things harder?

6. What could be done to improve experiences of people like you?

2. Practice Studio Feedback:

Thank you for participating in this short anonymous survey.

We would like to get everyone's feedback about the Practice Studio, and in particular the implementation of the Action Plan (Reflective Practice, Service Mapping, Advocacy) that was developed out of the workshop.

Your feedback will provide us with better understanding of what works well and how things could be improved.

The information from the survey will be summarised in the final report and disseminate across the state.

1. Which group project are you involved in:

Service mapping

Reflective practice

Advocacy

2. How was your experience participating in the workgroup project you volunteered to be part of?

3. What are your suggestions to improve engagement in the group projects that you volunteered to be part of?

4. What are the potential barriers/ limitations that you are aware of that affect/ could affect participation in the groups?

5. Is there any other feedback that you would like to share?