

Paving the way: Trauma-informed preventative care at The Royal Children's Hospital

Content warning

This policy summary discusses trauma and some examples of people's experiences. Trauma is prevalent and can impact the reading of this content in different ways. If the content in this policy summary is challenging, please pause to take a moment and seek support. Some supports available include a trusted colleague and the Employee Assistance Program (EAP).

What is trauma?

Trauma has been understood within the healthcare system as physical trauma. However, we now recognise the importance of psychological and emotional trauma as health and wellbeing issues that demand proactive prevention efforts for children, young people, families, carers, kin, and staff (1).

Trauma is defined as, "an event, series of events, or set of circumstances an individual experiences as physically or emotionally harmful that can have lasting adverse effects on the person's functioning and mental, physical, emotional, or spiritual wellbeing" (2).

The New South Wales Agency for Clinical Innovation (3) identifies trauma as:

- adverse childhood experiences (eg abuse, neglect, or household challenges)
- lifetime experiences (eg domestic violence, racism, intergenerational trauma)
- single incidents (eg hospitalisation, accident, or acute illness)

Trauma can be experienced either collectively or individually. It may involve situations where individuals experience threatened, perceived, or real harm, witness someone else being harmed, or are exposed to the effects or details of an event (4).

What is Trauma-Informed Care?

Trauma-informed care (TIC) is defined as an organisational framework for the delivery of care that recognises and responds to the effects of all types of trauma (2). TIC emphasises physical, psychological and emotional safety for patients and staff, and helps those who experience trauma rebuild a sense of control and empowerment (2).

Key messages

- **Trauma-informed preventative care (TIPC) involves recognising, addressing, and preventing the impact of psychological and emotional trauma, shifting the focus from "what's wrong with you" to "what happened to you?"**
- **Trauma is prevalent, particularly among the paediatric population. TIPC is a universal precautions approach that recognises and mitigates the impact of trauma on children, families, and staff.**
- **Implementing TIPC in a hospital setting requires a whole organisational approach including a shared understanding, language, and leadership.**
- **The Royal Children's Hospital (RCH) has a unique opportunity to pave the way in creating and implementing a paediatric focused TIPC hospital framework that enables us to become one of the first trauma-informed paediatric hospitals in Australia.**

TIC Principles



These key principles can be applied to all clinical and non-clinical interactions (2).

Case Study

The Royal Children's Hospital offers the MOCK MRI program. This service educates and prepares children and young people for an MRI scan to successfully achieve awake imaging without the need for general anesthetic. A wooden model is used and the sounds and movements of a real MRI scanner are simulated.

This program aims to educate the young person about the requirements of an MRI in a safe, empathetic and supportive environment, where they have time to learn and asks questions.

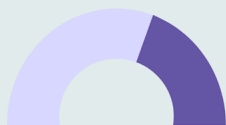
This program encompasses the principles of TIC.

Why is TIC important?

An estimated

half to two thirds

of young people have been exposed to at least one traumatic event by the time they turn 16 years old (1).



Up to **80 per cent** of children, young people, families, carers and kin report experiencing traumatic stress responses following paediatric illness, injury or medical procedure (4).



In Australia, certain groups are more likely to experience traumatic events:

- One in six Aboriginal and/or Torres Strait Islander children receive child protection services (5).
- 61 per cent of LGBTQIA+ young people report verbal abuse because of homophobia, and 18 per cent report experiencing physical abuse (6).
- Nearly half of adults with a disability have experienced violence since the age of 15 (7)

Childhood ACE's are potentially traumatic events that can have significant impacts such as:

- Increased risk of chronic diseases such as obesity, diabetes, heart disease, and cancer in adulthood.
- Potential impact on school success and employment (8).

Many healthcare staff have their own lived and living experience of trauma and the resulting stress may impact their ability to empathise and support others (3, 9).

Becoming trauma-informed aligns with the current Australian and Victorian policy environment and ties together key campus initiatives (see Figure 1).

"It felt like he wasn't really there, like he had dissociated. That was the only way through for him. It was heartbreaking," - nurse about a 15-year-old patient with chronic care needs and over three ACEs.

The Four R's of TIC

Realise the impact of trauma and how it can affect children, families, communities, and staff.

Recognise the signs of trauma in children, families, and staff.

Respond by integrating trauma-informed approaches to practice, policies, and procedures.

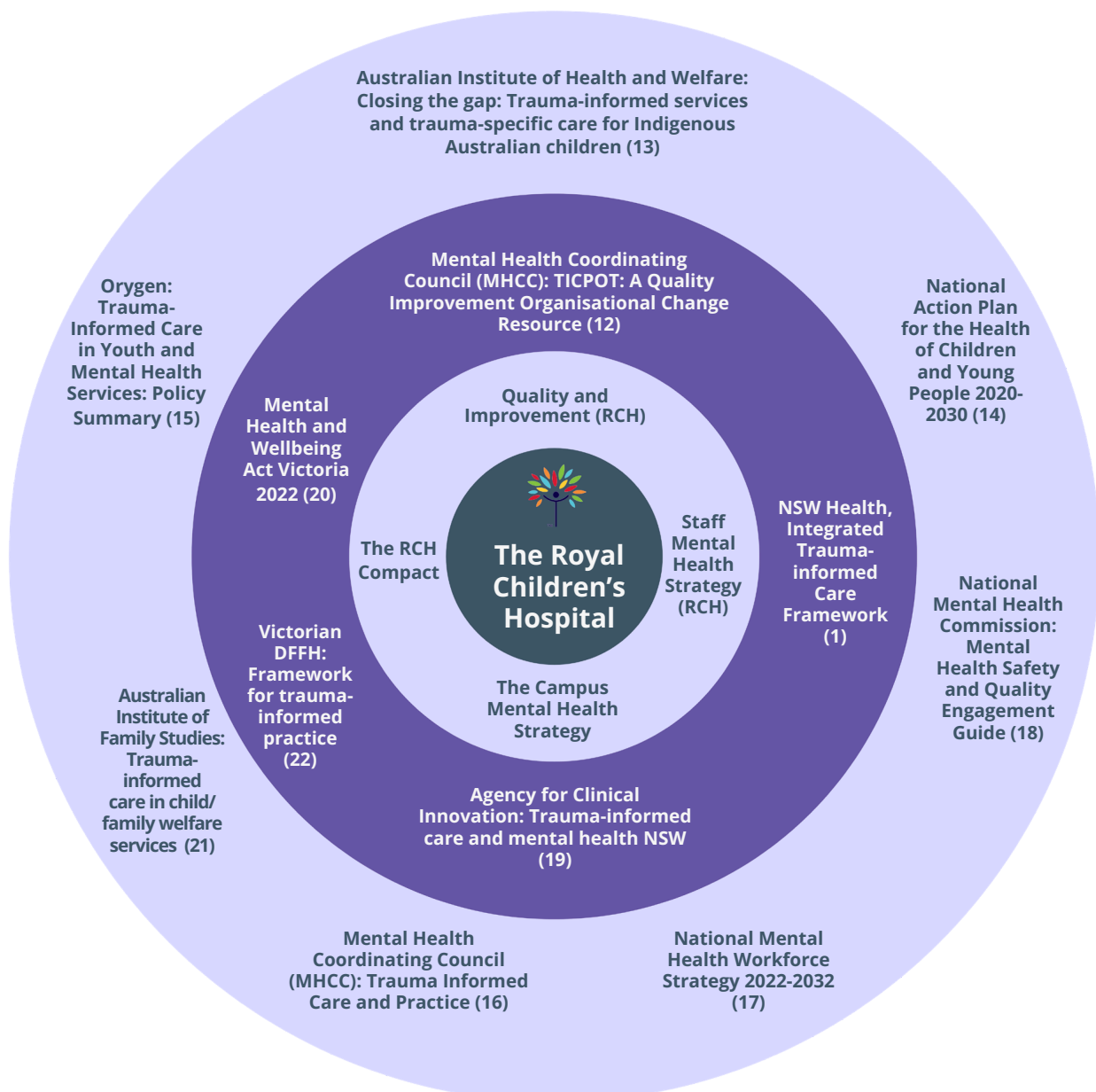
Resist re-traumatisation (2).

What is Trauma-Informed Preventative Care? (TIPC)

Trauma-informed preventative care (TIPC) integrates the principles of trauma-informed care with a focus on prevention. TIPC recognises that while medical care can involve distressing experiences, a universal, proactive, and preventative psychosocial approach can minimise harm.

TIPC draws upon a universal precautions strategy that acknowledges the prevalence and impacts of trauma, aiming to reduce the potential for distress (10,11). TIPC aligns with the RCH vision for "a world where all kids thrive".

Figure 1. Current Australian and Victorian TIC Policy Environment



Implementing TIPC at the RCH

The RCH is a complex care environment with a large varied workforce providing care to a diverse population. Embedding the principles of TIPC is critical for allowing safe, quality, and person-centred care. A united and consistent approach to the implementation of TIPC is important to sustain practice.

The Trauma-Informed Care and Practice Organisational Toolkit (TICPOT) outlines three key stages of change: **audit, organisational change planning, and implementation** (12).

The toolkit recommends organisations to:

- upskill management in TIPC and champion TIPC across the organisation
- ensure organisational policies and procedures reflect TIPC values and principles
- foundational education and training about TIPC

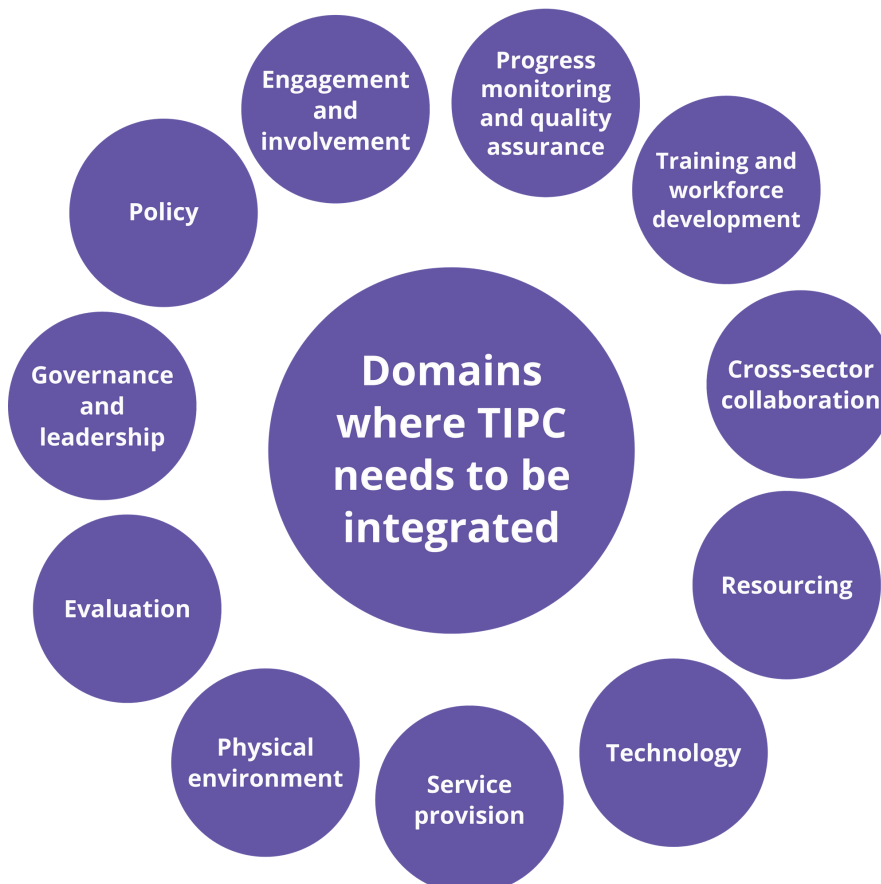
Implementation Challenges

Implementing a TIPC approach in paediatric hospital settings promotes safety and healing for all involved, however, there are some implementation challenges that organisations need to be aware of (21):

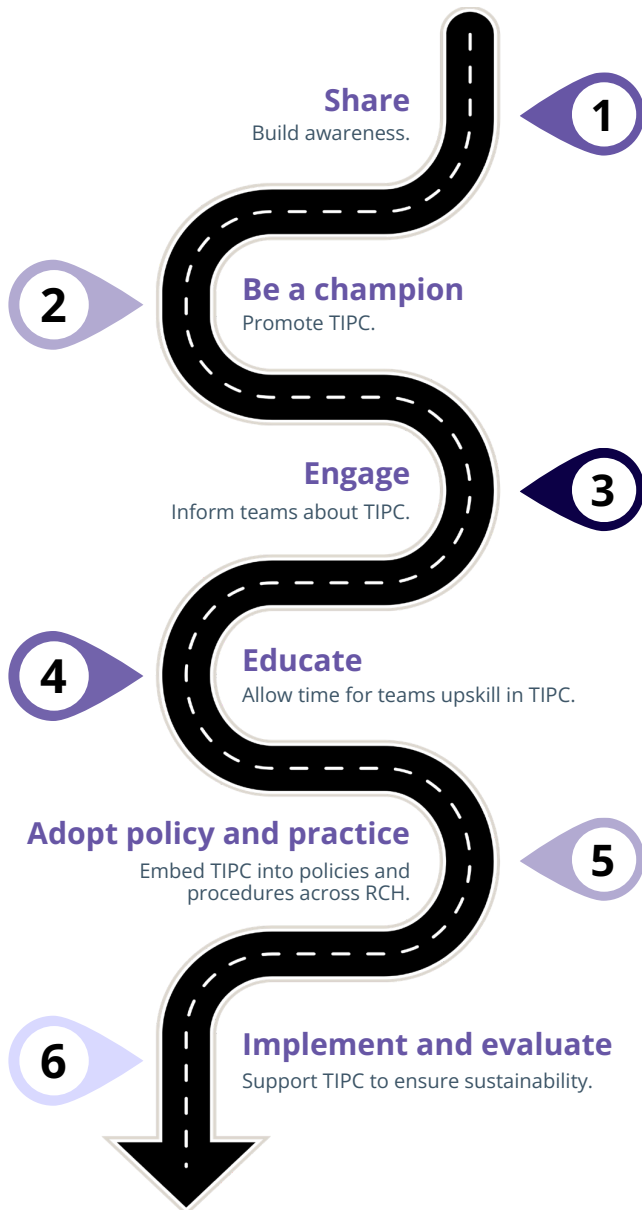
- **Lack of clear definitions** leading to inconsistent understanding of what it means to be trauma-informed.
- **Limited guidance** for facilitating complex system change, including commitment to ongoing training.
- **Limited evidence-base** for translating TIPC to specific practice and service settings.
- **Lack of specific guidelines** for implementation in a paediatric hospital context.
- **Funding models** need to change for systemic level change to be successful.

Figure 2. 10 domains for successful TIPC integration (1)

The TIPC Foundational Training will create a shared understanding and language around trauma and trauma-informed preventative care, paediatric medical traumatic stress, and staff wellbeing.



Becoming Trauma-Informed at the RCH



Call for Action

What can leadership do to support a systemic approach to becoming a trauma-informed organisation?

- **Follow the roadmap:** share, be a champion, engage, educate, adopt policy and practice and implement and evaluate.
- **Promote and encourage** active participation from your team in TIPC, including the completion of Foundational Training to increase trauma awareness.

- **Support the development of policy** for the RCH to ensure TIPC becomes embedded into all aspects of practice, research, education, and organisational policies and procedures.
- **Source funding** to ensure implementation and sustainability can be viable.

Conclusion

TIPC “can promote healthier and happier children and young people, individuals and families”, carers, and kin (22). While there is increased recognition for the importance of TIPC in reducing distress in children admitted to hospital and improving staff wellbeing, policies that inform paediatric hospitals on how to implement and deliver TIPC are required.

Ultimately, by shifting focus to a trauma-informed organisational approach with the guidance of leaders, we can ensure The Royal Children’s Hospital is a place where all children, families, carers, supporters, and staff can thrive.

The Campus Mental Health Strategy

The Melbourne Children’s Campus has endorsed the development of an innovative Campus Mental Health Strategy (2021–2026). The strategy sets out the vision for an integrated, high quality and evidence-based approach to infant, child, and adolescent (0-18 years) mental health care, research, and education across the Melbourne Children’s Campus (including The Royal Children’s Hospital, Murdoch Children’s Research Institute, The University of Melbourne).

For more information, please visit the [Mental Health Central webpage](#) or contact CMHS@mcri.edu.au.

Disclaimer

This policy summary endeavours to use inclusive terminology and the best language for this point in time. The language is subject to change as this topic evolves. Each community may have their own preferences regarding terminology. Individuals should take care to respect these preferences.



References

1. NSW Health. Integrated Trauma-Informed Care Framework: My story, my health, my future. 2023.
2. SAMHSA. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014.
3. NSW Agency for Clinical Innovation. Trauma-informed care and practice in NSW: Trauma-informed care and practice in mental health services across NSW Diagnostic report [Internet]. 2020. Available from: <http://www.aci.health.nsw.gov.au>
4. CHOC Children. Implementing a Trauma-Informed Care Approach. 2018.
5. Australian Institute of Health and Welfare. Stress and Trauma [Internet]. 2022. Available from: <https://www.aihw.gov.au/reports/mental-health/stress-and-trauma>
6. Bendall S, Phelps A, Browne V, Metcalf O, Cooper J, Rose B, Nurse J, Fava N. Trauma and young people: Moving toward trauma-informed services and systems. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. 2018.
7. Australian Institute of Health and Welfare. People with disability in Australia [Internet]. 2022. Available from: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/violence-against-people-with-disability>
8. Matjasko JL, Herbst JH, Estefan LF. Preventing Adverse Childhood Experiences: The Role of Etiological, Evaluation, and Implementation Research. *Am J Prev Med.* 2022;62(6):S6–15.
9. Emsley E, Smith J, Martin D, Lewis NV. Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives. *BMC Health Serv Res.* 2022;22(1).
10. Marsac ML, Kassam-Adams N, Hildenbrand AK, Nicholls E, Winston FK, Leff SS, et al. Implementing a Trauma-Informed Approach in Pediatric Health Care Networks. *JAMA Pediatrics.* 2016;170:70–7.
11. Loomis B, Epstein K, Dauria EF, Dolce L. Implementing a Trauma-Informed Public Health System in San Francisco, California. *Health Educ Behav.* 2019;46(2):251–9.
12. Henderson C, Everett M, Isobel S. Trauma-Informed care and practice organisational toolkit (TICPOT): An organisational change process resource, stage 1 – planning and audit. Mental Health Coordinating Council. 2018.
13. Atkinson J. Trauma-informed services and trauma-specific care for Indigenous Australian children. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. 2013. (Resource sheet no. 21 produced for the Closing the Gap Clearinghouse).
14. Department of Health. National Action Plan for the Health of Children and Young People 2020–2030. Australian Government. 2019.
15. Orygen. Trauma-Informed Care in Youth Mental Health Services: Policy Solutions.
16. Bateman J, Henderson C, Kezelman C. Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group. Mental Health Coordinating Council. 2013.
17. Department of Health and Aged Care. National Mental Health Workforce Strategy 2022-2032. Australian Government. 2022.
18. National Mental Health Commission. Mental Health Safety and Quality Engagement Guide. 2023.
19. NSW Agency for Clinical Innovation. Trauma-informed care and mental health in NSW. 2019.
20. Parliament of Victoria. Mental Health and Wellbeing Act 2022. 2023. (No. 39).
21. Wall L, Higgins D, Hunter C. Trauma-informed care in child/family welfare services. Australian Institute of Family Studies: Child Family Community Australia. 2016. (No. 37).
22. Department of Families, Fairness and Housing. Framework for trauma-informed practice: supporting children, young people and their families. Victorian State Government. 2022.

Authors

Kayla Elliott, Alma Giborski and the Melbourne Children's Campus Mental Health Strategy team.
Formatting by Claudia Dorney.