

Trauma Informed Practice Policy

CPSN strives to ensure that all Clients will be provided with the support necessary for them to access trauma-informed practice. CPSN will also ensure that arrangements are in place to facilitate the continuity of support that is critical to the safety, health, and wellbeing of clients and workers in the event of a disclosed or undisclosed trauma.

All aspects of CPSN's services, including administration, management and service delivery is assessed and modified to incorporate trauma-informed principles into practice.

Record of policy development

Version	Date approved	Date for review
Version 2	March 2026	February 2028

Responsibilities and delegations

This policy applies to:	Members and clients, (and where appropriate, their decision makers), all staff, volunteers contractors and the Board of CPSN.
Policy approval:	CPSN Board
Review of Policy Compliance	CEO
Specific responsibilities:	CEO Leadership Team CPSN employees with supervisory responsibilities All Employees All Clients (and where appropriate, their decision makers)

Policy context	
Service Standards	<p>NDIS Practice Standards and Quality Indicators, November 2021, Version 4</p> <p>NDIS Practice Standards Verification Modules – Required Documentation, 2020</p> <p>NDIS Practice Standards: skills descriptors. Information for auditors and providers, November 2021, version 2</p> <p>National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018</p> <p>National Principles for Child Safe Organisations, 2018</p> <p>Victorian Child Safe Standards, 2021</p>
Legislation	<p>Charter of Human Rights and Responsibilities Act 2006 (Vic)</p> <p>National Disability Insurance Scheme Act 2013</p> <p>Fair Work Act 2009</p> <p>Equal Opportunity Act 2010</p> <p>Equal Employment Opportunity (Commonwealth Authorities) Act 1987</p> <p>Occupational Health and Safety Act 2004</p> <p>Workplace Gender Equality Act 2012</p> <p>Disability Act 2006 (Vic)</p> <p>Disability Discrimination Act 1992 (Cth)</p>
Contractual obligations	<p>NDIS Quality and Safeguarding Framework, 2016</p> <p>NDIS Practice Standards and Quality Indicators, 2020</p> <p>NDIS Practice Standards Verification Module – Required Documentation, 2020</p>
Organisation policies	<p>All CPSN policies and procedures are predicated on this framework. In particular:</p> <p>Diversity and Inclusion Policy</p> <p>Safeguarding Vulnerable Persons Policy</p> <p>Quality Assurance Policy</p> <p>Risk Management Policy</p> <p>Risk Management Register</p> <p>Financial and Fraud Risk Management</p> <p>NDIS Code of Conduct</p> <p>Child Safe Code of Conduct</p> <p>Child Safe Policy</p> <p>Underperformance and Misconduct Policy</p> <p>Performance Policy</p> <p>Training and Professional Development Policy</p> <p>Complaints Management Policy and Procedure</p> <p>Work Health and Safety Policy and Procedure</p> <p>Bullying and Harassment Policy and Procedure</p> <p>Diversity and Inclusion Policy</p> <p>IC Client Support Plan</p> <p>IC Client Service Agreement</p>
Other Conventions	<p>United Nations Convention on the Rights of People with Disabilities (CRPD), 2006</p>

Charter of Human Rights and Responsibilities Act 2006, Victoria

[Disability Guidelines for Trauma-Informed Practice](#) by Blue Knot Foundation. Blue Knot Foundation (BKF) is the Australian National Centre of Excellence for Complex Trauma, empowering recovery, and building resilience for the more than five million adult Australians (1 in 4) with a lived experience of complex trauma, their families and communities.

Definitions

Employee means a person who is employed by CPSN with wages or salary.

Staff means all the people employed by CPSN or within a specific work area.

Worker means any person engaged by CPSN to perform a service, paid or unpaid, and may include but is not limited to employees, consultants, contractors, employees of a labour hire company, apprentices, trainees, students or volunteers.

Decision is a planned course of action, either short or long term, regarding the lifestyle, healthcare or financial affairs of an individual.

Healthcare decisions include but are not limited to:

- Seeking or obtaining a diagnosis;
- Accessing (or refusing) information and supports;
- Responding to crisis (falls, incidents); and
- Agreeing or refusing medical treatment.

Lived experience is the first-hand knowledge of trauma and trauma responses through personal experience. People with lived experience are seen as experts on their lives and experiences.

Risk management is the development and implementation of a program which makes every attempt to identify and mitigate potential risks to workers, clients and others.

Trauma is the response to an event, series of events or set of circumstances that is physically or emotionally distressing or life-threatening and overwhelms an individual's ability to respond. Trauma overwhelms a person's ability to cope when faced with a threat. Trauma arises from activation of the instinctive survival response, sometimes referred to as flight/fight/freeze to overwhelming threat. As such, it originates as a response in the nervous system.

Trauma-informed practice is a framework for support delivery based on knowledge and understanding of how trauma affects people's lives, their support needs and service usage. It means integrating an understanding of trauma into all levels of practice and avoiding re-traumatisation or minimising the impact of the individual's experience of trauma.

Trauma-informed practice is an approach that recognises that trauma is common and that people accessing services and people delivering services may be affected by trauma. Trauma-informed practice is an approach that is holistic, empowering,

strengths-focused, collaborative and reflective. It promotes physical, emotional, spiritual and cultural safety.

Trauma-specific services-

Trauma-specific services and practitioners use therapeutic interventions intended to support healing and recovery for people in relation to their experiences of trauma and their individual needs.

Intersectionality – refers to how different aspects of a person’s identity such as gender, class, race and sexual identity can overlap and combine.

Intergenerational trauma is the psychological and emotional impact of trauma experienced by people passed to subsequent generations in that group.

Re-traumatisation is when events reflect earlier experiences, thoughts, memories or feelings related to a past traumatic event.

Vicarious trauma-

Vicarious trauma is ‘the cumulative effects of exposure to information about traumatic events and experiences, potentially leading to distress, dissatisfaction, hopelessness and serious mental and physical health problems’ (Monash Gender and Family Violence Prevention Centre 2021, p. iii).

Policy statement

Policy Statement

CPSN strives to ensure that all Clients will be provided with the support necessary for them to access trauma-informed practice. CPSN will also ensure that arrangements are in place to facilitate the continuity of support that is critical to the safety, health, and wellbeing of clients and workers in the event of a disclosed or undisclosed trauma.

All aspects of CPSN’s services, including administration, management and service delivery is assessed and modified to incorporate trauma-informed principles into practice.

Principles

CPSN is committed to honesty, integrity, and best practice in all aspects of its operations.

In order to achieve the goal of providing safe and high-quality, person-centred care, CPSN's Trauma-Informed Practice Policy includes the following key principles, taken from the Blue Knot Disability Guidelines for Trauma Informed Practice and Mental Health Coordinating Council in their Trauma-Informed Care and Practice Organisational Toolkit:

1. Understanding trauma and its impact;
2. Promoting every client's rights, safety, and wellbeing;
3. Supporting client control, choice and autonomy;
4. Ensuring cultural competence;
5. Promoting safe and healing relationships;
6. Sharing power and governance;
7. Promoting the potential for recovery; and
8. Integrating care
9. Trustworthiness

- 10. Collaboration
- 11. Empowerment

1. Understanding trauma and its impact

CPSN recognises the highly personal and individual nature of trauma and understands that each person affected by trauma will respond to situations differently, and that some clients may not be aware of their own traumas. The organisation will apply universal precaution and act as though each client may be affected by trauma, whether they have disclosed existing traumas or not. It is acknowledged that for many living with cerebral palsy experience different types of trauma as part of their life journey.

CPSN recognises the prevalence of trauma in the community and that knowledge of trauma and trauma-informed practice should be through the entirety of the organisation. The organisation provides staff with trauma-informed information, education, and access to training and workplace supports required to develop their skills and undertake their specific role/s. This ensures that staff are equipped to respond effectively to clients' trauma history on a situational basis, to most effectively address the needs of the client.

Trauma is more common in people with a disability than those without a disability. In Australia, individuals with a disability are two times more likely to have experienced violence. This means that two thirds of people with a disability have experienced violence. While many people have experienced trauma in the home, people with a disability or neglect in the context of receiving support and services.

CPSN acknowledges that trauma can also be experienced by staff and that situations in the service environment may trigger trauma responses. CPSN will work with staff to ensure a safe working environment that minimises their risk of re-traumatisation.

2. Promoting every client's rights, safety, and wellbeing

CPSN recognises that physical, emotional and cultural safety is fundamental for trauma-informed practice. Trauma can significantly affect a client's sense of safety in an environment and with others. The organisation recognises that negotiating and maintaining safety is critical for the client to be able to participate in supports.

CPSN maintains an awareness of the increased vulnerabilities that people with disability may face when receiving supports and will take action to ensure these vulnerabilities are mitigated.

Staff responses and behaviours are consistent, predictable, and respectful to help establish a safe physical and emotional environment.

3. Supporting client control, choice and autonomy

CPSN will maintain awareness and respect for clients' human rights and freedoms and will provide opportunities for clients to make all decisions relating to the supports they receive and participate in setting their goals to help strengthen their sense of autonomy.

Staff recognise that some clients will need more support than others, however clients will be invited to contribute to their care and their will and preferences will be respected. The organisation will avoid the use of coercive practices as they can profoundly affect a client's sense of safety, cause traumatisation and re-traumatisation, and affect future participation in supports.

4. Ensuring cultural competence

CPSN provides a culturally safe and competent approach to trauma-informed practice to clients from culturally and linguistically diverse backgrounds, including Aboriginal and Torres Strait Islander clients. The organisation recognises that cultural context can influence clients' perception of and response to traumatic events and their

recovery process. The organisation respects diversity and uses interventions which are respectful of and specific to cultural backgrounds.

Staff are provided with cultural competency education and training regarding the different meanings and expression of trauma in different cultures. For Aboriginal and Torres Strait Islander clients, supports will be provided with an understanding of the trauma experienced by previous generations of Aboriginal and Torres Strait Islander people, as well as how this intergenerational trauma is experienced by many younger Aboriginal and Torres Strait Islander people today.

[For more information on trauma and Aboriginal and Torres Strait Islander communities, see <https://healingfoundation.org.au/>]

CPSN will embed cultural competence into all aspects of the organisation. This includes diversity in the staff profile, policy development, and support delivery through information that is in different languages and arranging translators for clients when necessary. The organisation will also consult with culturally diverse clients to ensure that processes are appropriate and accessible.

5. Promoting safe and healing relationships

CPSN understands that safe, authentic and positive relationships can facilitate the disclosure of trauma and ensure that a client is responded to appropriately. CPSN will promote collaborative, strengths-based practice that values the client's expertise and judgement. Where possible, clients will be afforded the opportunity to choose the staff member(s) who provide support, to build trust and ensure they feel safe and supported in the service environment.

6. Sharing power and governance

CPSN recognises the impact of power and ensures that power is shared across all levels of the organisation, whether related to daily decisions or in the review and creation of policies. The voice and participation of those with lived experience will be actively encouraged to modify and integrate supports which are accessible to clients. CPSN will emphasise a 'doing with' approach to providing supports rather than a 'doing to' model. Language has the potential to promote or undermine wellbeing and to support or deny personal power.

The organisation recognises that power differences can make processes for making a complaint difficult for clients and their families. CPSN will encourage feedback and ensure that complaints can be delivered in a variety of ways. When complaints are received, they will be managed and responded to in a respectful, effective manner which leads to action.

7. Promoting the potential for recovery

CPSN understands that trauma recovery is possible for everyone regardless of how vulnerable they may appear, that it is individually determined, and that clients have a right to define a successful outcome of supports. Staff will emphasise skill building rather than the management of symptoms, provide opportunities for the client to be involved in their care, facilitate peer support and help to establish future-oriented goals.

8. Integrating care

CPSN will provide supports that consider all aspects of a client's wellbeing, including their physical, emotional, social and spiritual needs. Communication both within CPSN and with other providers involved in a client's care will be clear, organised and streamlined to ensure integrated care, treatment and support. Staff will understand their client's needs and will enable the coordination and delivery of supports to be in partnership with the client and their support network.

Implementing this policy

Within CPSN the following roles communicate and operationalise this policy:

Roles and Responsibilities

The CEO

The CEO is responsible for delegating responsibility for financial, people and culture, operations, record keeping, policy development and accountability to the CPSN Leadership Team.

CPSN Leadership Team

The Leadership teams are responsible for:

- leading and demonstrating respect and understanding of the Principles and of the Trauma-Informed Practice Framework
- maintaining respectful trauma informed service delivery and working environments that recognise and consider all aspects of a client's, safety and wellbeing
- providing clients with the support necessary for them to access trauma-informed care
- providing staff with information and training on the nature of trauma-informed care, and how to uphold access, equity and support provision for clients with trauma
- monitoring services to ensure appropriate and inclusive standards of practice
- responding to and reporting any breaches of this policy as soon as practicable
- promoting flexible environments for all persons and ensuring that flexible and equitable practices are in place
- promoting employee assistance services and supporting employees who are exposed to trauma, may experience vicarious trauma or experience difficult situations through their work.

CPSN Employees with supervisory responsibilities

Supervising employees are responsible for the following:

- communicating and supporting staff in understanding their responsibilities under this policy
- ensuring procedures and work instructions are clear to staff
- supporting and promoting employee assistance services to other employees who may experience difficult situations or experience vicarious trauma
- utilising debriefing practices to support employee who are exposed to difficult situations
- monitoring implementation and contributing to review of policy.

CPSN Employees

CPSN Employees are responsible for:

- understanding this policy
- using trauma-informed principles when delivering supports or services of any kind
- upholding client safeguarding practices
- upholding work health and safety practices
- speaking up and reporting concerns relating to trauma

CPSN records are maintained using cloud-based technology systems, covering HRIS, CRM and Operational documentation.

Communication

Clients will be provided with the support necessary for them to access trauma-informed practice. Clients should be involved in open dialogue between the organisation, staff and carers regarding their support needs. The communication may need to be tailored depending on the individual client's needs; however all communication will be respectful, collaborative, hopeful and supportive throughout the organisation.

Staff skills and training

Staff will receive information and training on the nature of trauma-informed practice, and how to uphold access, equity and support provision for clients with trauma. Hiring practices will incorporate questions about knowledge and skills relating to trauma-informed practice and ensure that potential staff are aware of trauma-informed care. Further key module content and staff training will be detailed in the procedure that will follow this policy.

Screening and assessment practices

Managing trauma is most effective when the organisation understands clients at an individual level. Clients will be given the opportunity to disclose any relevant trauma history that may impact their care as part of CPSN's regular screening and assessment processes and at any opportunity of their choice, however this process will remain voluntary. Clients will be advised on the reasons why they are being asked, and how CPSN will use the information to tailor supports to accommodate trauma. At no time will the organisation or any staff members pressure clients to disclose trauma, whether current or a trauma history.

CPSN will be aware of common traumas that may affect the demographics of their client base, even where not disclosed, and proactively take measures to guard against potential related harms where possible.

Maintaining appropriate records

Records will be kept for seven years.

CPSN records are maintained using cloud-based technology systems, covering HRIS, CRM and Operational documentation.

Procedures that apply to this policy:

Trauma Informed Practice Procedure

Document Revision History

This document is only valid on the day it was printed.

Who	Version	Date	Description of review
GMSD	1	October 2024	New Policy
GMSD	2	Feb 2026	Updated organisational titles and dates to align with new Trauma procedure Feb 2026