Centre for Mental Health Learning VICTORIA

Trauma Informed Leadership Program: Pilot Evaluation

Based on Cohort 1 (Sep 2022-Jun 2023) and Cohort 2 (Jul 2023-Dec 2023)

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Executive Summary

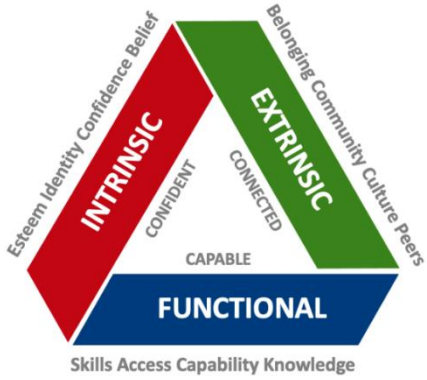
The Trauma Informed Leadership Program (TILP) bridges gaps in public mental health leadership training by immersing managers and leaders in a multi-month experiential, constructivist and participative leadership development program. It includes eight one-day sessions delivered over six to ten months and has been tailored to the unique working environments of the public mental health sector. Typically, other leadership training is not through a trauma-informed lens. TILP involves an intentional balance and staging of learning activities, reflective processes and content delivery spanned over six to ten months.

Many participants from both Cohort 1 (Sep 2022-Jun 2023) and Cohort 2 (Jul 2023-Dec 2023) pilots provided unprompted feedback that this was the best professional development they had done and that it should be made compulsory across the state. Some said it cultivated greater personal acceptance, confidence and growth, and transformed how they operate within their teams – working with trauma and leading compassionately and more effectively. Most participants agreed the program had strong positive impacts on their wellbeing at work, job satisfaction, and the wellbeing of others. Many also agreed that these impacts would flow on to the teams they work in, and the care delivered by them.

> *"I am disappointed that this training is not already a compulsory training and more leaders/staff have not yet had the opportunity to participate!! The best training I have attended. I gained knowledge and resources for my role as a leader, but also transferrable skills for everyday clinical skills and perspectives, personal life, and core values/goals as an individual." (Participant)*

For a program to receive such strong and consistent feedback, it is important to understand how its design could facilitate this. A useful way to think about this is the 'Enduring Impact Model'[1] which posits that the outcomes of a program are often more enduring when a system of intrinsic, extrinsic, and functional outcomes are present (see Figure 1).

Figure 1 Think Impact's Enduring Impact Model



TILP taps into all three aspects from a design and delivery perspective.

- **Intrinsic:** Continuous self-reflection, self-connection, self-compassion, and self-confidence are actively cultivated from the first session.

  > *"[Discussing] different types of leadership styles, [I] became more comfortable with my style within that discussion." (Participant)*

  > *"It has really helped me understand how I can be a leader." (Participant)*

- **Extrinsic:** Use of peer connections, group learning, role plays, and networking opportunities provide a sense of community and mutual learning.

[1] Enduring Impact Model used courtesy of its developers, Think Impact www.thinkimpact.com.au

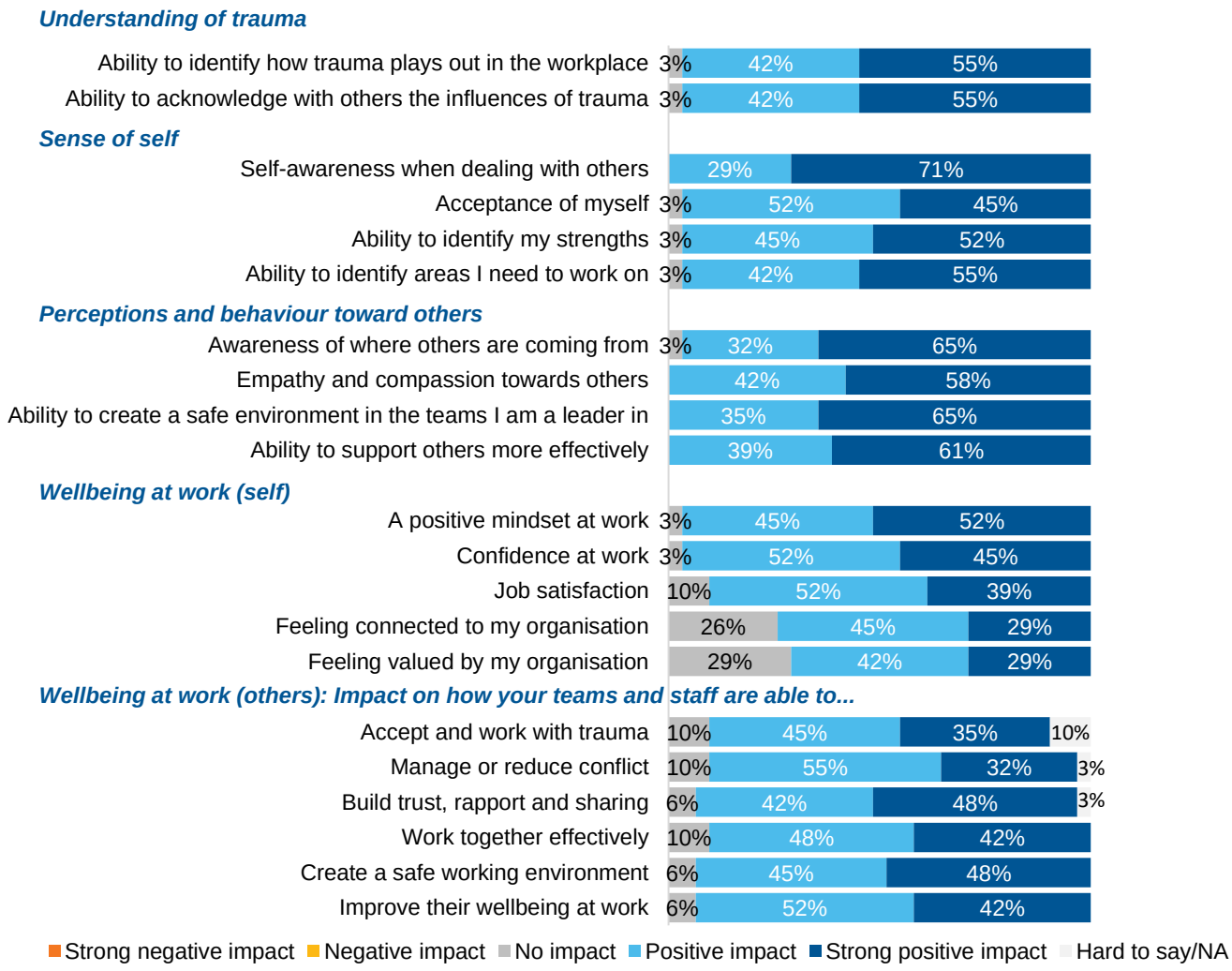
"The best part was to meet and share knowledge with professionals from various disciplines and different parts of the state." (Participant)

- **Functional:** Grounding learnings in relevant theories and models, and teaching skills in how to use these.

  "I feel I gained a lot of confidence in my practice as a leader. Utilising the many models taught gave me a practical guideline." (Participant)

It makes sense then that the outcomes reported by participants span these three dimensions and more, including profound personal and collective shifts that other forms of leadership training do not achieve. See Figure 2 for the outcomes achieved.

Figure 2 Has your participation in [TILP] had any impact on the following aspects of your practice? (n=31)



"I think this has been one of the most relevant manager trainings I have done in 10+ years as a mental health manager. I think it should be compulsory across the state" (Participant)

Background

Context

The Centre for Mental Health Learning (CMHL) is the central agency for public mental health workforce development in Victoria. CMHL has conducted significant scoping to identify priority areas of training. Leadership, trauma informed care and supervision all rank high in priority. These three areas are mentioned throughout the Royal Commission into Victorian Mental Health Services (RCVMHS), which recognises that the type of collaborative leadership required to transform Victoria's mental health system is different from traditional hierarchical leadership; it guides rather than controls and inspires rather than directs.

Similarly, the Victorian Mental Health and Wellbeing Capability Framework and Victoria's Mental Health and Wellbeing Workforce Strategy 2021-2024 highlight leadership, trauma informed care and supervision as key priority areas for the mental health workforce.

Developing the leadership capability of the public mental health workforce is a priority area which will support individuals and organisations to contribute to sustainable sector reform. In response to this, Foundation House and CMHL have collaborated to deliver a pilot Trauma Informed Leadership Program (TILP) for Area Mental Health Services (AMHS) in 2022-2023 across two cohorts.

About the program

TILP was developed and delivered by Foundation House for other audiences (not AMHS staff) prior to this pilot. The content for this pilot was reviewed and refined to be targeted at AMHS employees working in middle management roles and emerging leaders who are in a position to influence systems change within their organisations. The program, facilitated by Foundation House, consists of eight full-day workshop modules and a mid-point one-hour one-on-one coaching session for all participants to assist in embedding learnings from the course, in the following order:

- Session 1: Foundations of Leadership
- Session 2: Trauma-informed Practice for Managers and Leaders
- Session 3: Team and organisational dynamics in organisations impacted by trauma
- One-on-one coaching session (opt-in)
- Session 4: Effective Language and Communication
- Session 5: Bringing Clarity to uncertainty and leading for the future
- Session 6: Operational Supervision
- Session 7: Reflective Supervision
- Session 8: Closing Workshop

For full dates and numbers of participants in each session, see Appendix 1.

To ensure the content of the modules was suitable for the public mental health sector, a Module Review Committee was established. The Module Review Committee was made up of former members of the Victorian Mental Health Interprofessional Leadership Network (VMHILN) and included members from the consumer and family/carer lived experience workforces and clinicians.

This pilot program includes two cohorts. Cohort 1 ran from September 2022-June 2023 and included 25 participants from 5 AMHS (Eastern Health, Mercy Mental Health, Austin Health, Goulburn Valley Health at St Vincent's Health). Cohort 2 ran from July 2023 to December 2023 and included 25 participants from 7 AMHS (South West Health, Mildura, Bendigo, Albury Wodonga Health, Latrobe Regional Health, Alfred and Monash).

About this evaluation

CMHL has evaluated the pilot program across both cohorts, to help understand:

- program delivery processes and methods and their effectiveness
- the suitability of adapting an existing program for the public mental health sector
- the value that the program is generating for participants
- any flow-on effects generated for colleagues, teams and organisations
- any suggestions for improvement
- any negative or unintended outcomes of the program.

These findings are to inform future decision-making about TILP but also to add to the evidence base around workforce development in leadership and building a trauma-informed workforce.

This report summarises the evaluation results from Cohort 1 and Cohort 2 of the pilot TILP. The evaluation was carried out by CMHL to understand the impact of the collaboration on the sector and guide future work.

Evaluation activities included:

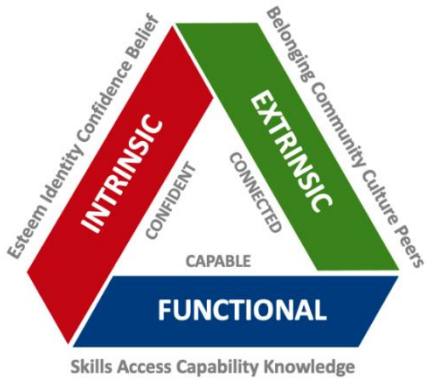
- **pre-course and post-course surveys,** measuring self-reported understanding, skills, confidence, the impacts of the program and what could be improved. Those completing the pre-program survey were n=44, and n=31 completed the post-program survey. The drop-off in response between pre and post is mainly due to people not finishing the program due to workload and circumstances (and therefore not completing the post-program survey), with a smaller number due to non-response. See Appendix 2 for further information.
- **seven qualitative interviews** (six with participants and one with VFST) conducted towards the end of delivery to Cohort 1
- **post-module surveys** - short feedback forms after each day of training, separate to the pre- and post-program surveys, asked of all attendees (see Appendices 4 and 5)
- review of program information and outputs such as attendance (see Appendix 1).

This report aims to summarise the evaluation activities and findings, based on the Cohort 1 interviews and the aggregated Cohort 1 and Cohort 2 pre- and post-program surveys. Further data and survey results are provided in the appendices.

How TILP works

For a program to receive such strong and consistent feedback, it is important to understand how its design could facilitate this. A useful way to think about this is the 'Enduring Impact Model'[2] which posits that the outcomes of a program are often more enduring when a system of intrinsic, extrinsic, and functional outcomes are present (see Figure 3).

Figure 3 Think Impact's Enduring Impact Model



TILP taps into all three aspects from a design and delivery perspective. Although the Enduring Impact Model relates to systems of outcomes rather than program design and delivery elements, it is a useful way to understand how TILP works holistically and leads to such strong reported outcomes.

Functional elements

(Skills/Access/Capability/Knowledge)

Theories, frameworks and skill development

A lot of theories and frameworks were covered in the course content. These were cited as helpful by participants. Although there were many theories, models, etc., people valued having all of them as they could pick which they would like to adopt in their practice. Some had adopted more than others, and some had not adopted any, preferring to focus on the experiential and group learning aspects.

> *"The GROW model has already changed the way I work with a staff member. I've already started implementing that, if a staff member comes to me. Getting the person to work through it and find the answers themselves, not being so quick from my perspective, helping them work through it to get to their own outcome." (Participant)*

Filling a gap

Interviewees agreed that the program filled a gap for clinicians coming into leadership. In some cases, leadership training is not provided, and in other cases, it follows a traditional didactic approach that does not encourage participants to reflect on their own personal styles and learn constructively and iteratively by doing and reflecting over many months. Even interviewees that had done much leadership training and been in leadership positions for decades said it was the best training they had done.

> *"It's kind of what's missing as you grow in leadership and management – it's all of those things that you don't get told, the things you try to figure out, how you might support people through difficult periods/times." (Participant)*

[2] Enduring Impact Model used courtesy of its developers, Think Impact www.thinkimpact.com.au

"It addresses the gap that exists between emerging leader/leadership training days and ongoing career/ professional development!" (Participant)

Intrinsic elements

(Self-esteem/Identity/Confidence/Belief)

Experiential and iterative learning

The 'Experiential Learning' framework (David Kolb[3]) describes a four-stage cycle of learning: experiencing something (1), reflective observation on that experience (2), thinking about it to derive meaning, reach conclusions and learn (3), and then acting on, or experimenting with, the learnings (4). This then leads back to experiencing, and the cycle continues. Participants indicated that TILP is aligned with this experiential style of learning (albeit without directly citing this framework). Crucial to this experiential approach was the staging of sessions across ten months to give participants time to act and reflect.

"Just the fact it was so useful and that you can incorporate it into your work. Because it's done over such a long period of time there may be stuff I've implemented without even knowing it." (Participant)

Space to reflect

The program encouraged a lot of reflection – in sessions and in practice/work. Personal reflection was crucial with participants reflecting on their personal leadership styles, values and inspirations in the first session and building on this in following sessions. Not only does this way of learning support a deeper understanding of the content (enabling participants and groups to find their own answers), it also enables participants to approach things through their own lens and local contexts, tailoring the learnings for their specific scenarios.

"It reflects on my leadership style. I recognise other people's leadership style because of this training." (Participant)

"It has been a very reflective course overall, I would 100% recommend it" (Participant)

Extrinsic elements

(Belonging/Community/Culture/Peers)

Tapping into group expertise

The program comprised five leaders or managers from five AMHS (25 participants total), creating an interesting dynamic with a range of services, disciplines, teams and levels of experience. Some interviewees highlighted the value of learning from others in group exercises, sharing challenges, validating each other, and sharing solutions. Some had established connections with other participants (in the same or different services) that allowed them to support each other outside of the program. Most interviewees highlighted the importance of the group in facilitating learning, validating the overall design approach.

"The other thing is, learning from other people – it's a reminder that people are in different stages – you get a mix of experience in the group, it's good to have that sometimes to be reminded." (Participant)

"It's been a really collegiate growth space, really good with ongoing relationships, for example with […], now I've got [their] number and everything. It's not unusual for us to call each other and bounce ideas off each other about work." (Participant)

[3] Kolb, David. (1984). Experiential Learning: Experience As The Source Of Learning And Development.

"The best part was to meet and share knowledge with professionals from various disciplines and different parts of the state." (Participant)

Shifting perspectives

Interviewees commonly referred to a group role play exercise in small groups where participants would occupy different roles (for example, a line-manager, staff member, and observer) and then rotate, so that they played all three roles within one activity, and witnessed others doing the same. This was cited as powerful in fostering empathy toward other perspectives whilst reinforcing their own approach.

"You got to see how it played out with different approaches, which helps you to think about incorporating into your own approach" (Participant)

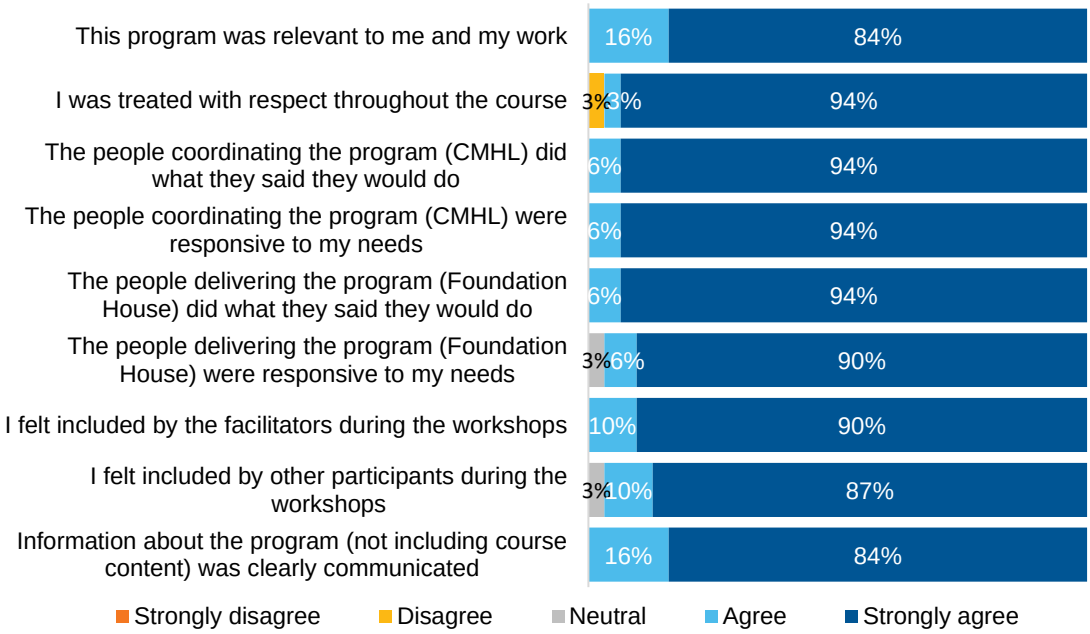
Facilitation

Participants generally agreed that the content was of a high quality and the facilitators were respectful and brought relevant and significant expertise. Most agreed that they preferred the face-to-face format over online.

"This is the best training I have attended. The facilitators were amazing, have a lot of insight and show appreciation to each participant and their input. I have recommended many of my colleagues to consider attending if looking at exploring their leadership skills [or] understanding of trauma." (Participant)

Figure 4 demonstrates that the positive perceptions of the facilitation and coordination of the program were unanimous.

Figure 4 Post-program survey results about the program facilitation and coordination (n=31)



Performance against program objectives

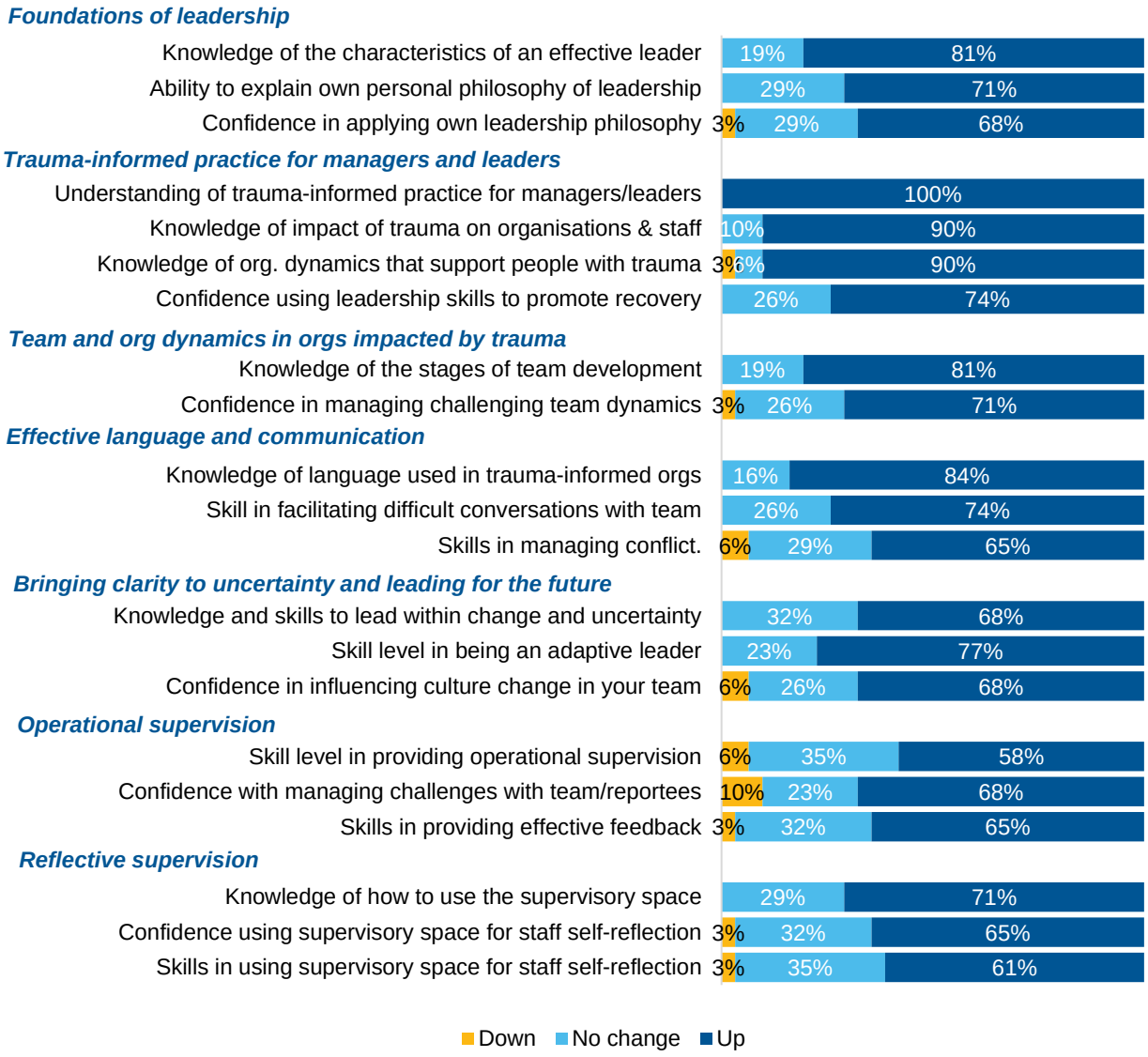
The pre- and post-program surveys asked participants to self-report their understanding, knowledge, skill and confidence in a range of areas related to the learning objectives of the sessions. Participants were asked to rate each item using a six-point Likert scale (Not at all, Very low, Low, Neutral, High, Very high). After the post-program surveys were completed, each participant that had completed both the pre- and post-program surveys was given a category for each item that indicated whether their rating had increased, stayed the same, or decreased.

Figure 5 below shows the percentage of participants reporting increases between the pre- and post-program surveys, those reporting no change, and those reporting decreases. For every item, a majority of participants (more than 50%) reported an increase.

Of note are the items relating to the topics of session two: Trauma-informed practice for managers and leaders. Almost all respondents reported an increase in understanding and knowledge of the trauma topics. This sentiment was backed up by interviewees, with these topics being seen as unique for leadership training and a key area of value of the program (and an area that some said could be weighted more heavily in future iterations).

On the contrary, some interviewees had mixed reports of the value of the supervision sessions (sessions seven and eight). For some it was incredibly helpful – and necessary – and other more experienced leaders reported it as not necessary for them (some were already experienced in providing and teaching about supervision). This is demonstrated in the below chart (see ‘Operational supervision’ and ‘Reflective supervision’), which has more participants in the ‘no change’ or ‘down’ categories compared to the other items. However, more than 50% still reported an increase in skill, knowledge and confidence in these areas, suggesting overall these topics are useful inclusions, but could be made optional for some members of the group.

Figure 5 Change in participant self-reported capabilities before the program vs after (n=31)

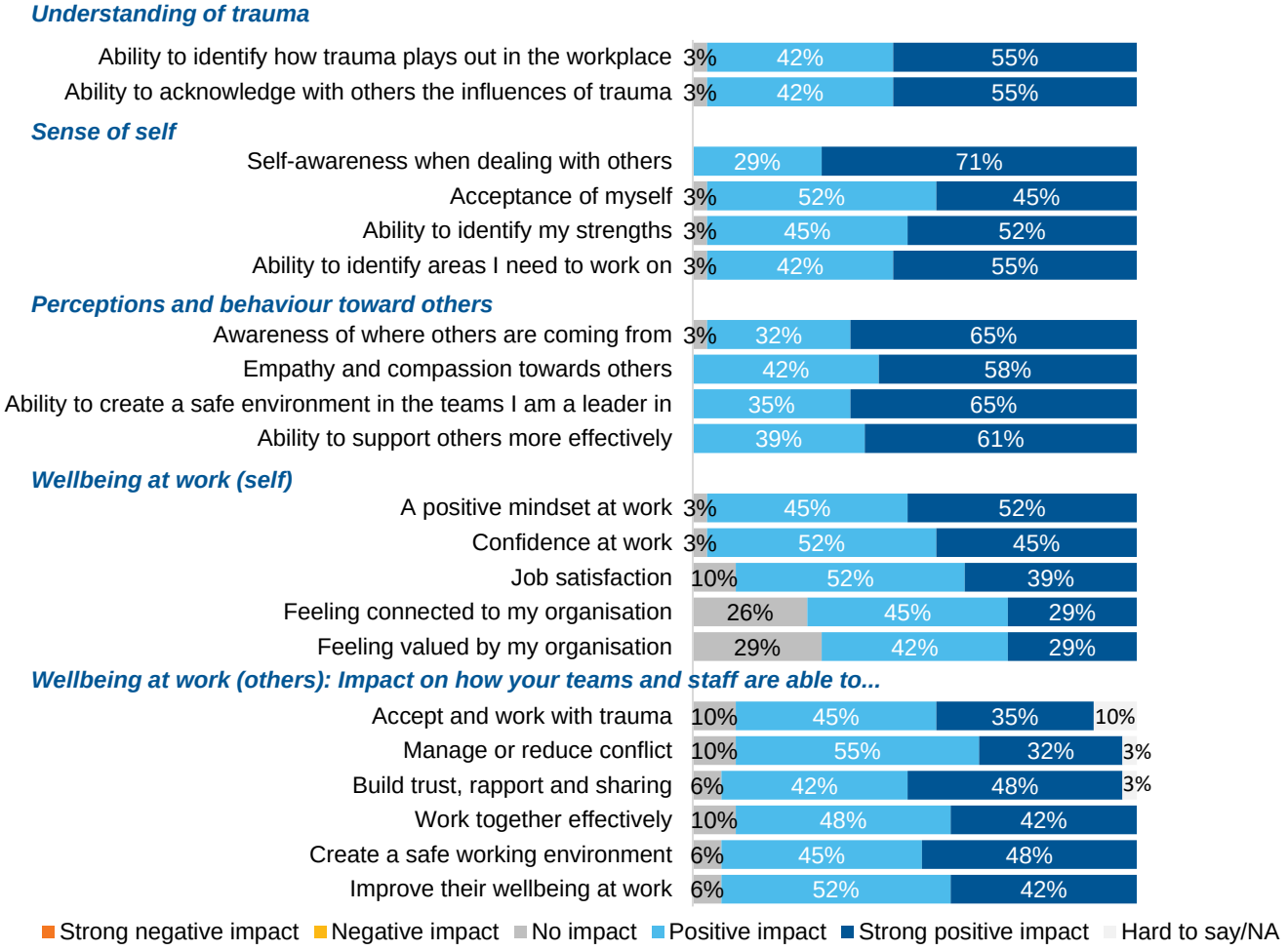


The results to the above questions from the pre- and post-program surveys prior to the derivation of the measure shown above are in Appendix 3.

Outcomes beyond program objectives

In the post-program survey, questions were also asked of participants about whether the program had a direct impact on various aspects of their practice (see Figure 6). These items were formulated from the themes identified in the Cohort 1 qualitative interviews. The response was overwhelmingly positive, with almost all participants (90% or more) indicating that TILP had a 'Positive impact' or 'Strong positive impact' on most items.

Figure 6 Has your participation in [TILP] had any impact on the following aspects of your practice? (n=31)



Regarding 'connection to' or 'feeling valued' by their organisation, some interviewees said they felt more valued by and connected to their organisation as a result of the program because of the time and space afforded to engage with such transformative training, while others did not feel this way, citing difficulties in influencing change within their organisation. This is further reflected in the comparatively mixed survey results above. However, majorities (more than 60%) of participants reported positive change in these areas, suggesting positive impacts overall despite being less unanimous. (Note this is not an objective of the program but came up in interviews).

> *"Part of it is having training that is supported by the organisation, and the fact it was so good, just makes me feel valued and supported by the organisation." (Participant)*

A system of functional, intrinsic and extrinsic outcomes

It is helpful to understand that the outcomes detailed above span the three dimensions of the Enduring Impact Model (Functional, Intrinsic, Extrinsic – see Figure 3), which links back to the way the program was designed and delivered.

Functional outcomes

Functional outcomes include the self-reported learning outcomes detailed in Figure 5 which were met for large majorities of participants. Building on this, the 'Understanding of trauma' items at the top of Figure 6 were responded to positively across the group.

The program taught participants about trauma, which for many was a capability gap. Participants were encouraged to adopt a systems-thinking perspective. They developed an understanding of how trauma permeates individuals, organisations, and systems, leading to challenging situations and patterns. Participants learned to de-personalize situations, recognizing that behaviours are often influenced by systemic factors. This holistic perspective helped participants to navigate complexities and approach situations with compassion and empathy. This led to a greater ability to support their teams through challenges.

> *"More of a reminder not to personalize things that come up for your team members. If you feel like a staff member is attacking or blaming, just to help them work through and get control for themselves." (Participant)*

Participants talked about how they were better able to identify and acknowledge the trauma flowing through their workplaces and systems. This enabled safer cultures and environments to call it out and address it.

> *"I guess I am looking out for it more. How can we work towards psychological safety more and how can I facilitate it? It helped to articulate the goals for how we want teams to feel, articulate my role as leader, and name it – I hadn't really named the trauma of being an employee in this type of system." (Participant)*

In addition, the use of models and frameworks throughout the training grounded participants in the work and increased knowledge, understanding and confidence.

> *"I feel I gained a lot of confidence in my practice as a leader. Utilising the many models taught gave me a practical guideline." (Participant)*

Intrinsic outcomes

Intrinsic outcomes are reflected in the Figure 6 'sense of self' and 'wellbeing at work (self)' outcomes and were a key part of transformational change that some participants reported.

The program encouraged participants to move beyond intellectual understanding and apply concepts experientially, finding answers themselves and facilitating deep internal shifts in their perspectives and behaviours.

Participants reported greater self-awareness, self-acceptance, self-compassion, ability to identify areas of strength and growth, positive mindsets in general and confidence at work.

> *"It's taken a lot of practice. If I catch myself thinking something negative, I'll catch myself out and try and reframe it... [...] ...It's given me a new outlook." (Participant)*

Participants also reported an enhanced understanding of their personal leadership styles, approaches, and values. The program provided opportunities for participants to explore and connect with themselves, enabling them to lead with greater confidence, authenticity and compassion.

“Thinking about your values as a leader, I can articulate that better. I think that feeds into how to lead from a trauma informed perspective. I overlay that in any team meetings and meetings with other staff.” (Participant)

“It has really helped me understand how I can be a leader.” (Participant)

“[Discussing] different types of leadership styles, [I] became more comfortable with my style within that discussion” (Participant)

Extrinsic outcomes

Extrinsic outcomes are reflected in ‘Perceptions and behaviours towards others’ and ‘Wellbeing at work (others)’ outcomes in Figure 6.

Participants noted more positive interactions with colleagues in their teams as a result of improved leadership capabilities. They became better advocates for their staff and reported being able to create safer and more supportive working environments. Some said their teams functioned better due to increased trust, rapport, communication, shared responsibility, and reduced conflict. Participants also developed a deeper understanding of others' difficulties and became mindful of not exacerbating their situations. These improvements in team dynamics were said to contribute to enhanced wellbeing at work.

“There is definitely less conflict between staff now and more communication and shared responsibility.” (Participant)

“Creating that culture of where it’s ok to come and speak up… rather than toxic positivity that is fake. It has changed people’s approach in that they feel safer discussing things with each other.” (Participant)

“It's about acknowledgement, acknowledge it (the distress) is there, and be able to communicate it with staff, it means you're able to hold and contain them a bit more and hopefully if I can do that with my team leaders then they can do that with their staff.” (Participant)

Extrinsic outcomes varied based on the presence of structural enablers (or barriers) of change (see the next section). When these enablers were present, participants reported several positive outcomes within their teams and organisations as a result of the program.

As a system

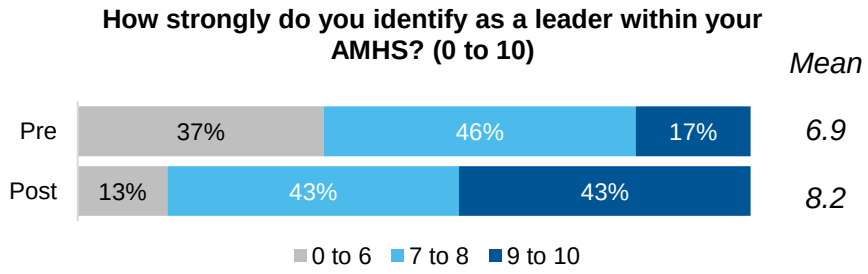
All in all, this tells the story of a transformative learning experience, delivered through a holistic combination of knowledge and skills development, individual reflection and group learning. This led to a web of interconnected outcomes that not only transformed the practice of individual managers and leaders, but also to their teams and colleagues.

“It has opened my eyes to a much broader sense of leadership and a much more compassionate way of leading.” (Participant)

The interaction between functional, intrinsic and extrinsic processes and outcomes was summarised well by one participant:

“I am now more equipped with skills and knowledge to work with my team to support them whilst also supporting my own wellbeing.” (Participant)

Figure 7 Shift in self-reported leadership pre vs post program (pre n=41, post n=30)



Structural enablers and barriers of change

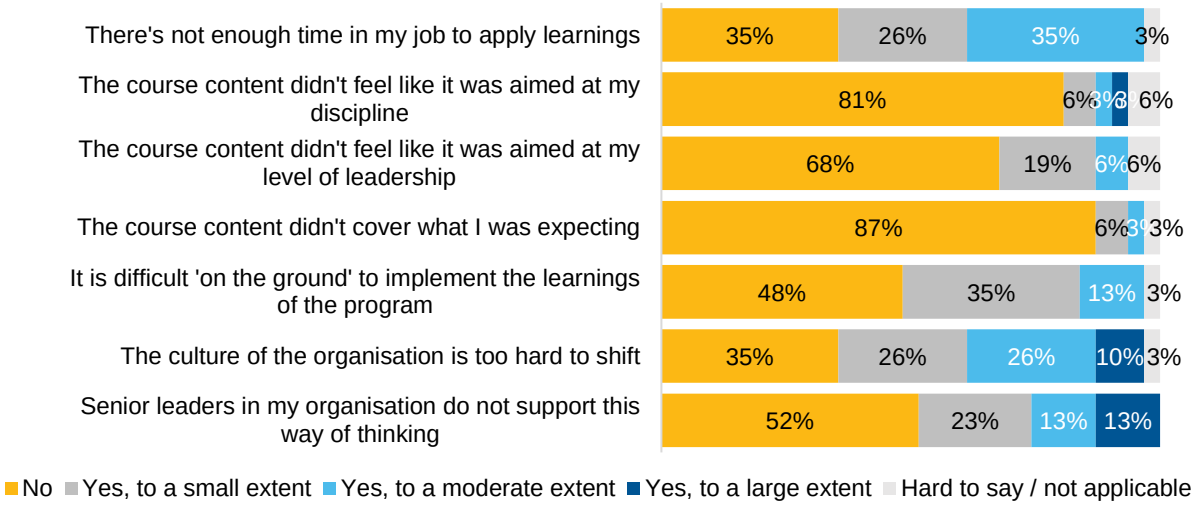
Environmental enablers and barriers of change (not related to program design) were identified during the qualitative interviews and are summarised in Table 1. Interviewees were from Cohort 1, and they were interviewed after the seventh session (before the closing session).

Table 1 Enablers and barriers of change for TILP participants

	When in place	When not in place
Being in a position of leadership and influence over others at work	Participants were able to create safe, supportive environments, building trust and rapport, and protecting their team members from trauma flowing through the system.	Managing 'higher up' was a common challenge, in that senior management was not open to the type of organisational change taught in the program. Some found this increased their frustrations with the system, their employer, and their job.
Supportive work culture	Some cited they were lucky with the culture and their team being open to a trauma-informed lens. Some were able to influence positive change in their workplace culture through tools and techniques taught in the program.	Some mentioned that their workplace was too hard to influence from junior to senior levels, with different dynamics and sensitivities making it difficult to implement learnings across the organisation.
Capacity to implement learnings (time, EFT, workload)	Participants were able to utilise theories and frameworks within their teams and take time to reflect on themselves and the way they interact with others.	Participants did not have time or energy to implement learnings. In these cases, participants still valued the course content and intended to implement learnings but hadn't been able to at the time of interviewing.
Point in leadership journey	Some participants were not necessarily less experienced but were engaging on a process of change in their careers and more open to the tools, techniques and ideas in the program.	Some felt that some parts of the content were not relevant to them because of their level of experience (for example, supervision content). These people still said the course was valuable and they would do it again given the opportunity because of the gap that it fills in leading through a trauma-informed lens.

Barriers to implementing learnings were also asked about in the survey (see Figure 8). The most common barriers cited were participants' time constraints and difficulties in influencing their organisations, cultures and senior leadership.

Figure 8 In implementing learnings from the program, did any of the following barriers apply to you? (n=31)



Barriers articulated around senior leadership shed light onto why some participants felt that the program should be rolled out to more senior levels.

> *"Other barriers are the senior leadership having different priority and agendas that do not take into consideration the impact of the work with staff. An example is the considerable pressure to meet KPI's to the extent no one working with clients has time to sit and reflect and process what they're feeling and how they could do things differently." (Participant)*

Areas for improvement and challenges

Interviewees were asked about what could have been better about the program and whether any negative outcomes occurred for them. Some mentioned that there was nothing that could be better, but it would have a greater impact if more people could participate in it, especially senior managers, so that more meaningful change can occur within systems, across organisations and across different levels.

The main negative outcome reported by some interviewees was an increased sense of frustration, cynicism or hopelessness in achieving change within the wider system.

Some reported the program highlighted the challenges in the mental health system, and that it was deflating that the expectations to change organisational culture further 'up the chain' were not achievable. The program had brought to their attention the inflexibilities of the system or their organisation and it made them feel helpless to achieve change. Participants said they thought higher-level management should do this training, to create better systems-change.

Some found it hard to implement the learnings of the program because of interpersonal issues and behavioural patterns within their teams and staff that were hard to overcome.

> *"I guess a sense of hopelessness sometimes in that it's really hard to make change, especially when you can't change above. Sometimes it's pretty confronting. It does make you reflect on whether I am doing anything good here." (Participant)*

Other areas for improvement were mentioned only by one or two participants per suggestion.

- Some felt the content was **less relevant to their level of leadership**. A couple of interviewees suggested they did not benefit from the final sessions on supervision because this had been their core work for a long time. They acknowledged the value of it for others but felt the group could be split into two for these sessions for team leaders and middle managers, or content tailored or made optional.
- Some felt the content was **less relevant to their discipline** than others. For example, the content was focused on clinical disciplines rather than Lived Experience disciplines.
- **More on trauma** – some interviewees mentioned they were either expecting more content around dealing with vicarious trauma, or that it would be helpful.
- People valued the sense of connectedness established through the ten months within the group. Although a Basecamp community was established (online community platform), participants suggested that more could be done to encourage face to face (or online) **follow-up sessions** after the program, for example, a refresher session to come back together as a group and continue the journey of reflecting and growing, within the sense of community that has been built.
- Some suggested that **more one-on-one sessions** over the course would be beneficial.
- **Two session days back-to-back** were cited by some as too much to ask of public mental health managers and leaders. Participants acknowledged this was to improve access for regional staff but that they struggled to maintain focus and energy on the second day.
- Four Cohort 1 and one Cohort 2 sessions were held online. Participants preferred **in-person** in general, with many suggesting it should be fully in-person, although they acknowledged potential accessibility concerns for others across the state.
- Some mentioned there could be **more lived experience participants** to improve safety. Lived experience workers were a small minority in a group of mainly clinicians, which can emphasise and reinforce unhelpful power dynamics.

What next?

Participants were very positive about the value of the program. Most highlighted the importance of continuing it, making it compulsory across the state, and rolling it out to a larger audience, especially more senior levels of management, to support greater system-wide change.

Suggestions from participants included:

- continuing the program, making it compulsory across the state
- targeting senior management (as well as currently targeted middle-management), and tailoring content accordingly. This could result in two different programs. Participants were clear that they wanted senior management to be more trauma-informed and compassionate in their approaches to better enable system-wide, organisational and cultural change.
- making the supervision sessions optional for people with extensive experience in it, or tailoring the content for them. There was appetite among some interviewees to split these sessions into two groups, but the content for those experienced in supervision would need to be workshopped. Examples (as suggested by interviewees) could be:
    - Going deeper into vicarious trauma experienced by staff from their patients
    - Influencing higher up
    - More support in dealing with real-life applications of the learnings
- establishing a group structure that supports ongoing connection and communication after the program is finished, preferably with the ability for participants to meet.

> *"This program should be offered to people in manager position as much as emerging leaders. It has opened my eyes to a much broader sense of leadership and a much more compassionate way of leading. The tools, theories and methods covered are extremely relevant and would benefit me as much as a leader if my manager/ leader were able to experience it. I have been able to self-reflect and reduce my own personal expectations allowing me to be kinder to myself whilst being more productive and more positive at work and at home. This program has allowed me to support my team's wellbeing, professional development goals, and productivity through innovative and collaborative idea sharing with the cohort, resulting in better outcomes for my team, and subsequently our consumers. I could write a book about the positive impacts this has had on me personally and professionally, as well as the ripple effect it has had on those around me. The only way it could be improved is more offerings to widen the reach!" (Participant)*

Appendix 1: Session attendance

There were 25 participants in Cohort 1 (five from each of the five participating AMHS)

There were 23 participants in Cohort 2 (spread across seven AMHS, ranging from one to five per AMHS). As Cohort 1 spanned ten months and Cohort 2 six months, the numbers of participants reduced slightly over time due to job changes and workload changes.

Session	Cohort 1 attendance	Cohort 2 attendance
Session 1: Foundations of Leadership	25	22
Session 2: Trauma-informed Practice for Managers and Leaders	23	21
Session 3: Team and organisational dynamics in organisations impacted by trauma	22	21
One-on-one coaching session	15	19 (registered)
Session 4: Effective Language and Communication	20	20
Session 5: Bringing Clarity to uncertainty and leading for the future	20	20
Session 6: Operational Supervision	18	17
Session 7: Reflective Supervision	16	19
Session 8: Closing Workshop	6	17

Only six participants attended the final session of Cohort 1, which was a reflective/wrap-up session that required participants to present on their actions and experiences resulting from the course. Barriers may have included regional access barriers (four of the other seven Cohort 1 days were online so they were more accustomed to attending online), and the fact that there was no ‘new’ content. The importance of the final day was stressed with Cohort 2 and they were accustomed to in-person days (only one of their days was delivered online), resulting in a greater turnout.

Appendix 2: Survey response numbers

In addition to the below surveys, seven qualitative interviews (six with participants and one with VFST) were conducted towards the end of delivery to Cohort 1 (after session 7, before session 8).

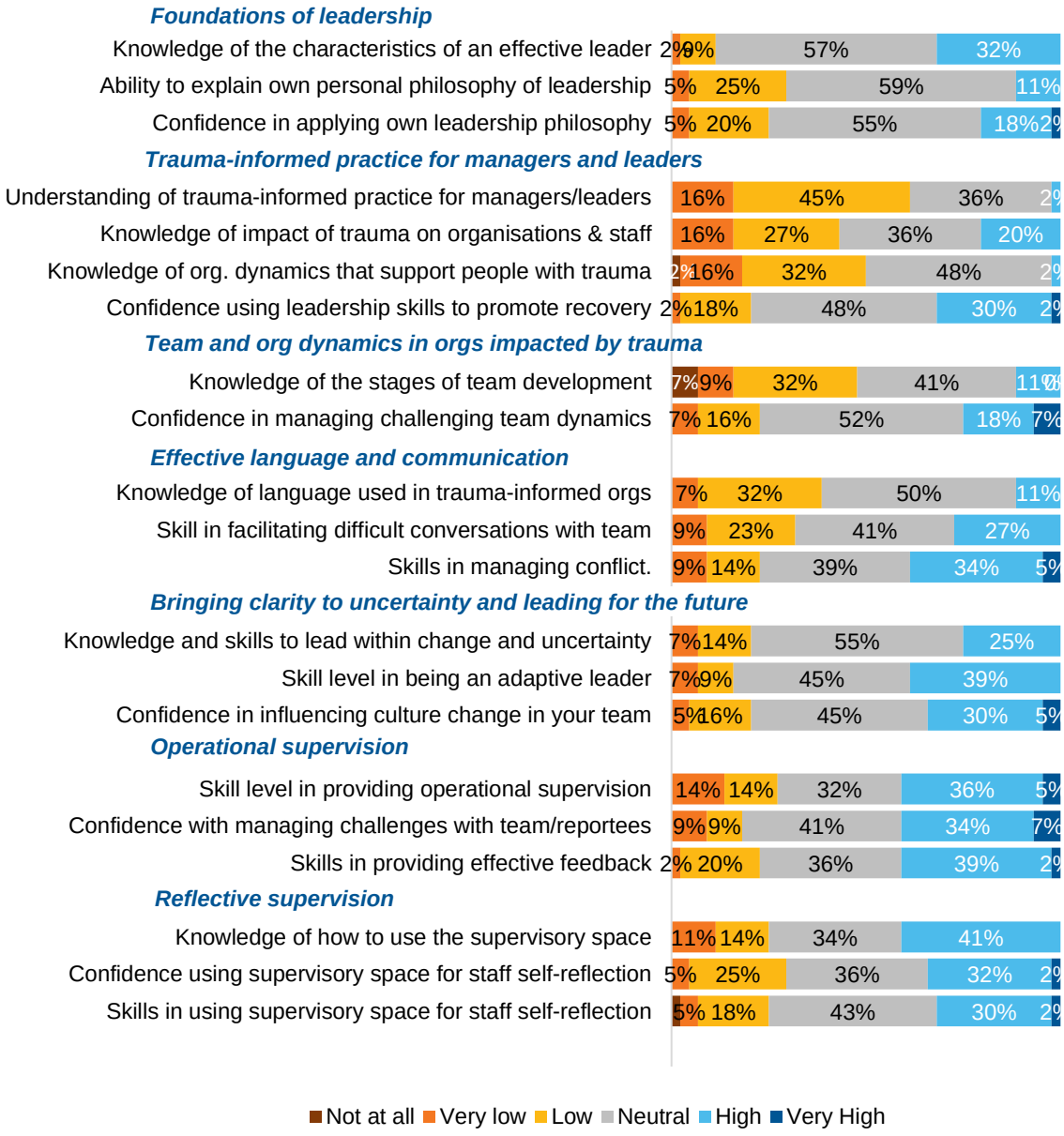
Generally, pre-program and post-program surveys were emailed to participants to complete in their own time before and after the program respectively. Post-session surveys were distributed for completion at the end of each session, although this approach may have varied depending on circumstances of each session. All survey responses were submitted anonymously to encourage openness and to fulfil privacy obligations and be respectful.

Program-level surveys	Cohort 1 (n)	Cohort 2 (n)
Pre-program survey	22	22
Post-program survey	15	16
Session-level surveys	Cohort 1 (n)	Cohort 2 (n)
Post-session survey (Session 1)	21	12
Post-session survey (Session 2)	18	15
Post-session survey (Session 3)	14	18
Post-session survey (1:1 coaching session)	8	7
Post-session survey (Session 4)	20	14
Post-session survey (Session 5)	16	18
Post-session survey (Session 6)	16	13
Post-session survey (Session 7)	11	13
Post-session survey (Session 8)	2	7

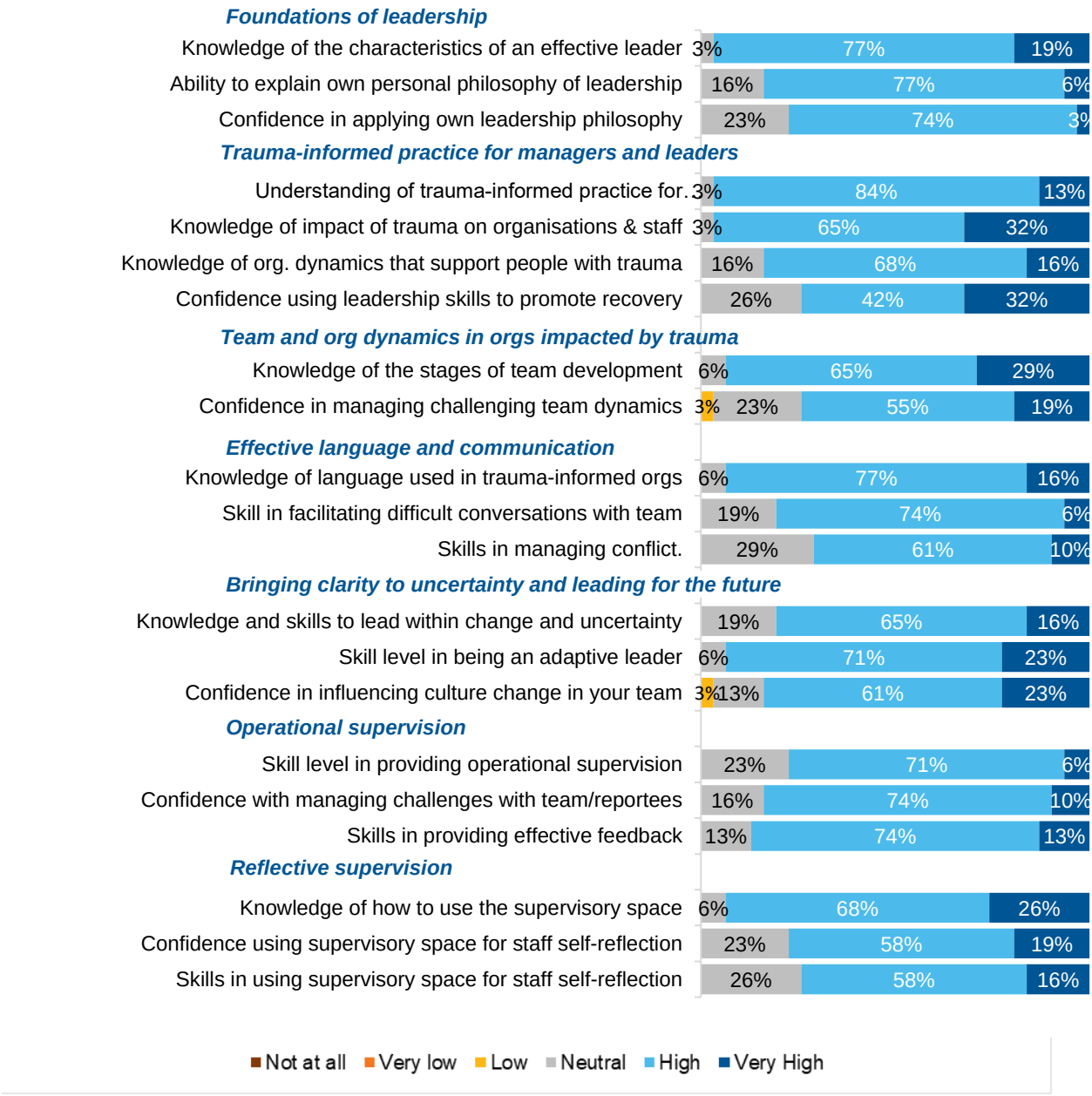
Appendix 3: Pre- and post-program responses to learning areas

These results are provided to supplement the results in Figure 5. Figure 5 shows a derived measure combining pre-program and post-program self-reflect questions into a single measure of change for each learning area. The results shown below split out pre-program and post-program results for further reference.

Pre-program self-reported capabilities (n=44; all pre-program survey respondents)



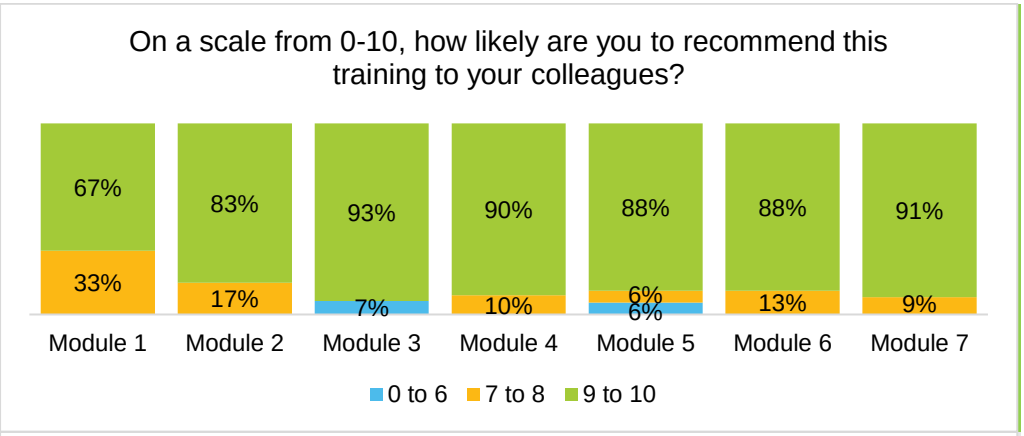
Post-program self-reported capabilities (n=31; all post-program respondents)

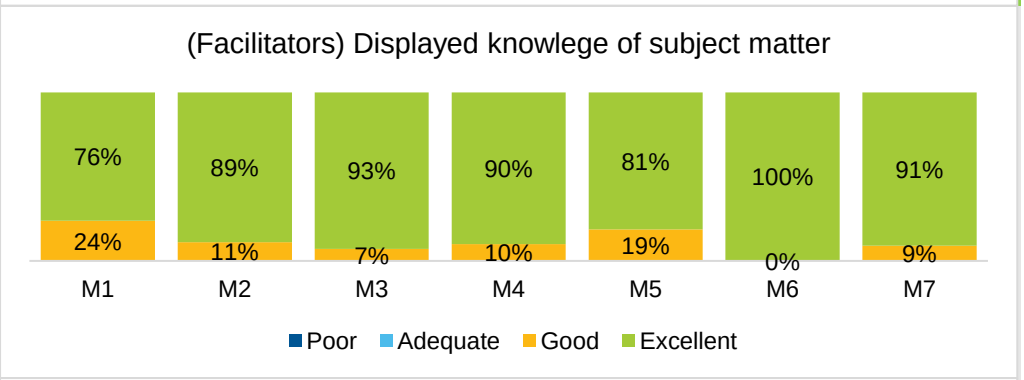


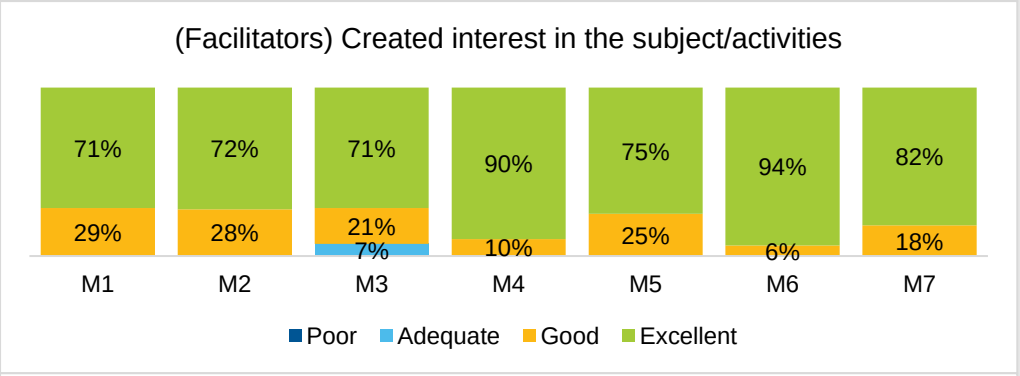
The above charts show both cohorts grouped together. Results for Cohort 1 and Cohort 2 were compared. However, any differences observed between the cohorts were not statistically significant or were within expected margins of error. This does not mean there were no differences between the cohorts. The conditions required to indicate meaningful differences were hard to meet with the survey data, given the small base sizes when viewing responses from the two cohorts separately (ranging from n=15 to n=22).

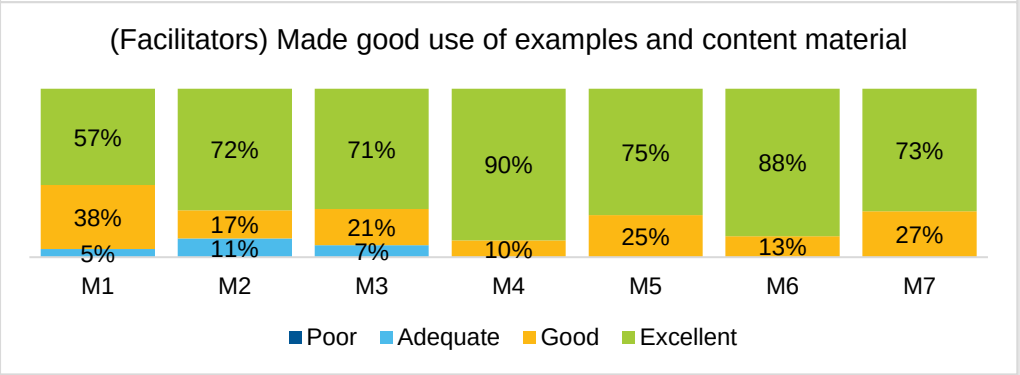
Appendix 4: Post-session feedback survey results – Cohort 1

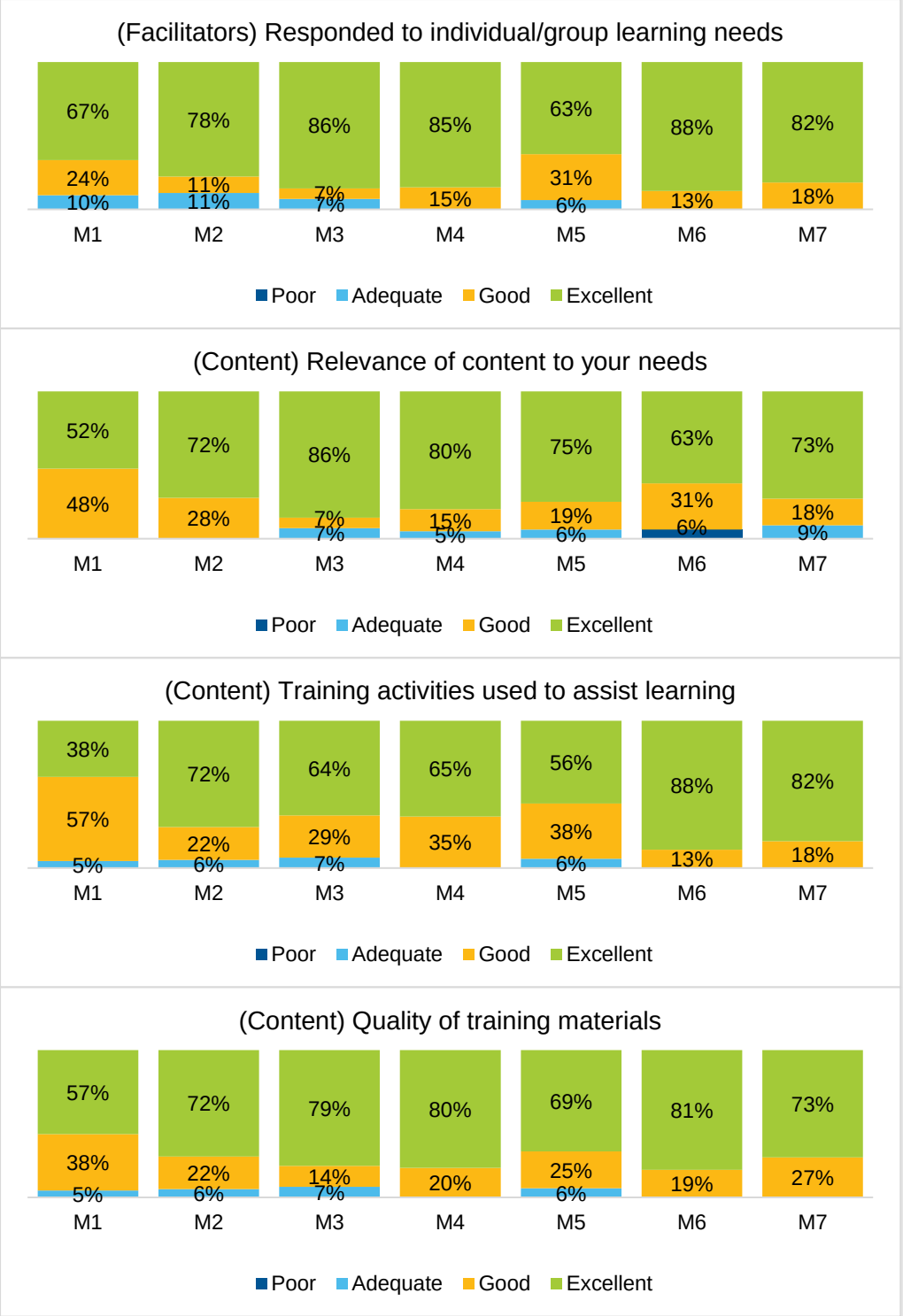
See Appendix 2 for base sizes.





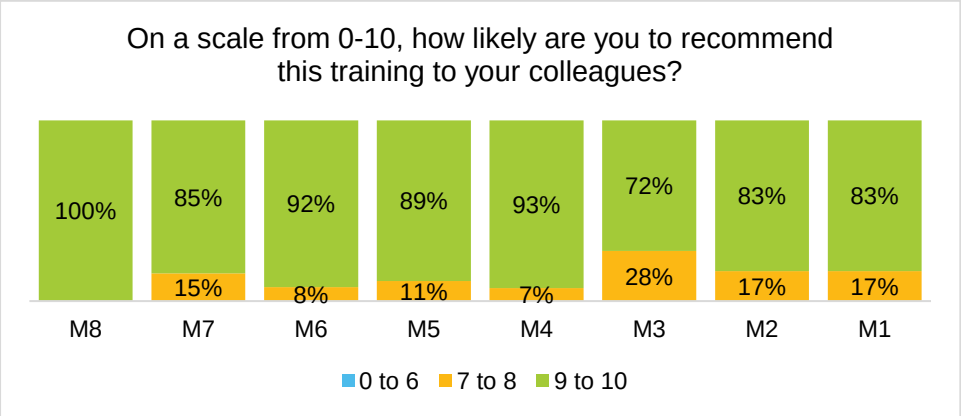


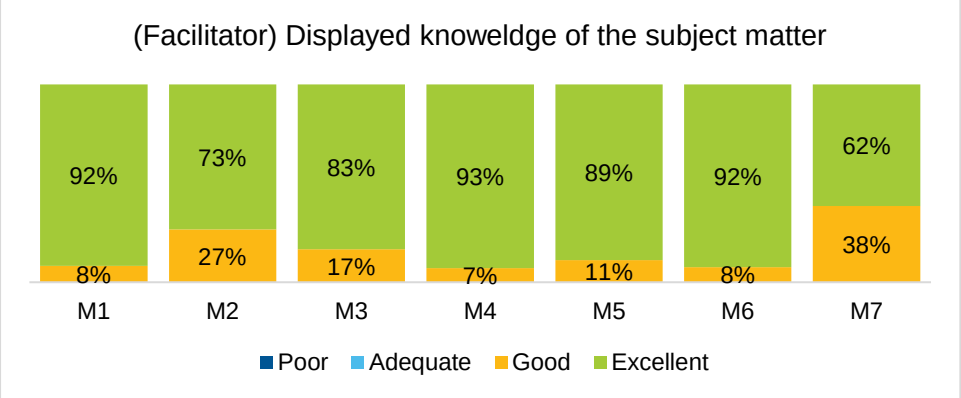


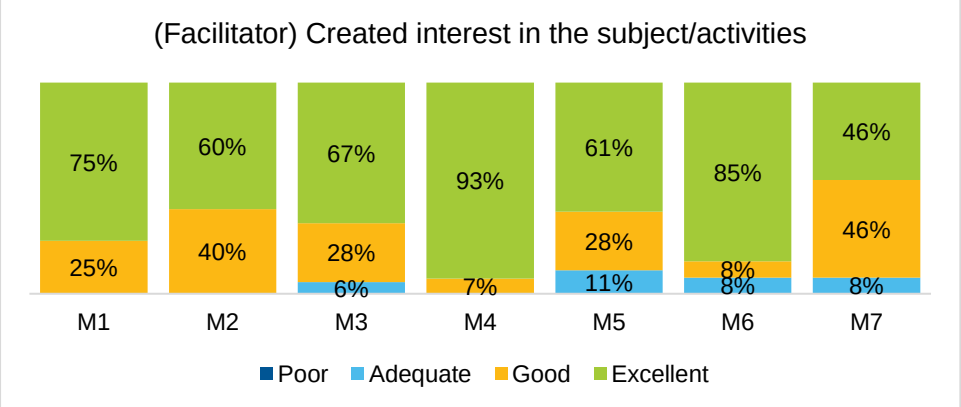

(Facilitators) Responded to individual/group learning needs
67%
24%
10%
78%
11%
11%
86%
7%
7%
85%
15%
63%
31%
6%
88%
13%
82%
18%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent
(Content) Relevance of content to your needs
52%
48%
72%
28%
86%
7%
7%
80%
15%
5%
75%
19%
6%
63%
31%
6%
73%
18%
9%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent
(Content) Training activities used to assist learning
38%
57%
5%
72%
22%
6%
64%
29%
7%
65%
35%
56%
38%
6%
88%
13%
82%
18%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent
(Content) Quality of training materials
57%
38%
5%
72%
22%
6%
79%
14%
7%
80%
20%
69%
25%
6%
81%
19%
73%
27%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent

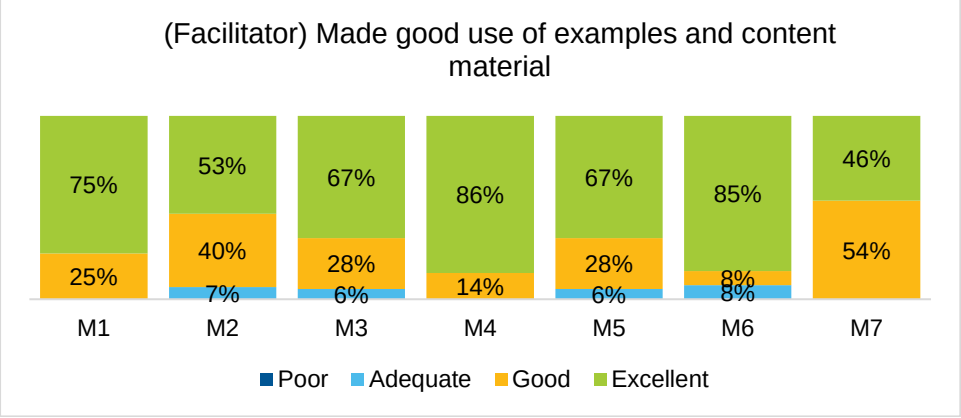
Appendix 5: Post-session feedback survey results – Cohort 2

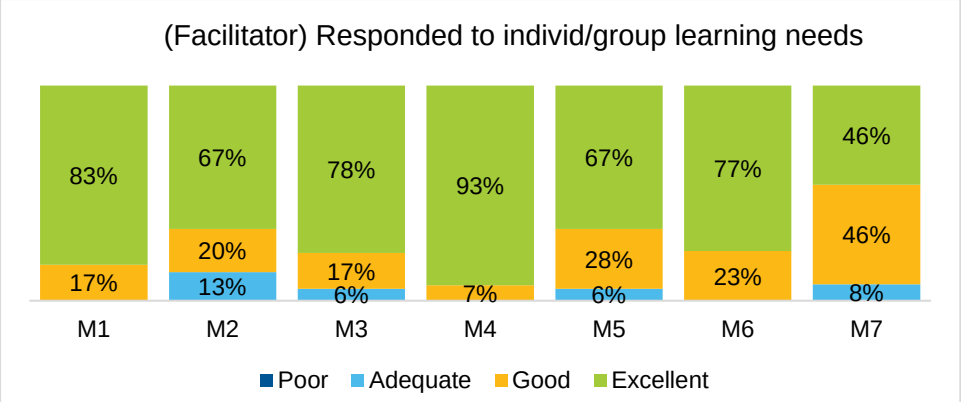
See Appendix 2 for base sizes.

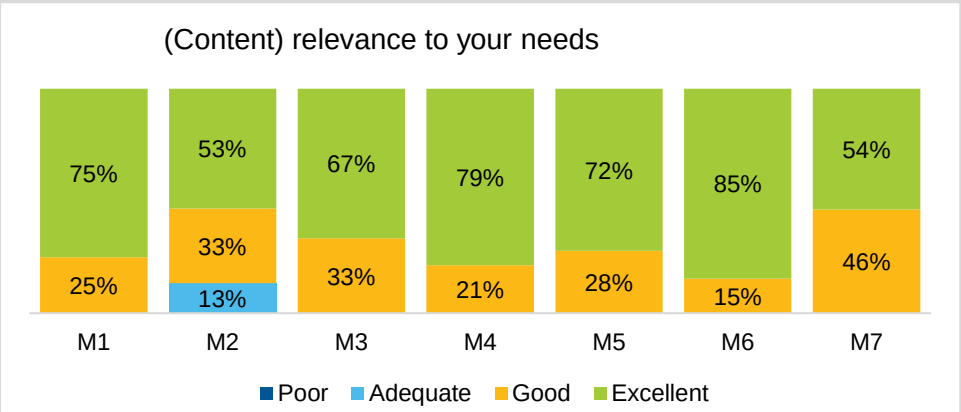


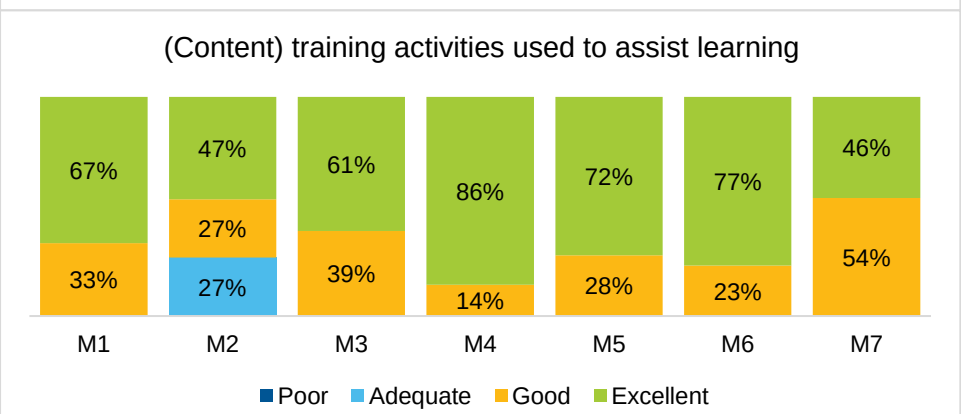


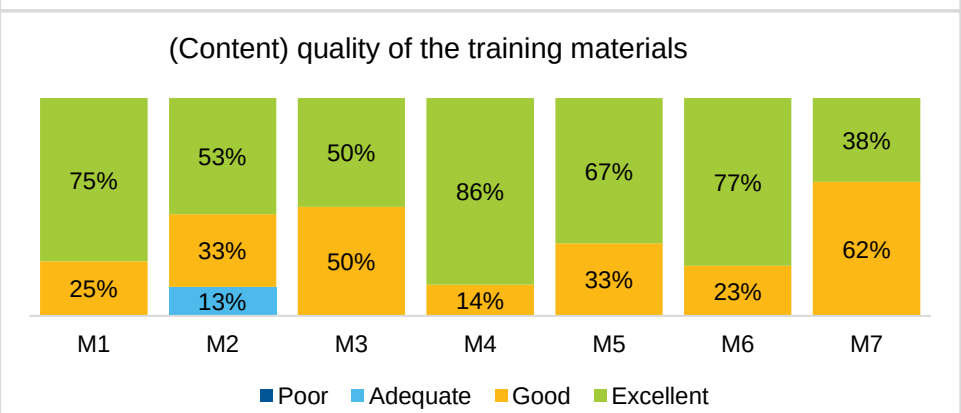





(Facilitator) Responded to individ/group learning needs
83%
17%
67%
20%
13%
78%
17%
6%
93%
7%
67%
28%
6%
77%
23%
46%
46%
8%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent


(Content) relevance to your needs
75%
25%
53%
33%
13%
67%
33%
79%
21%
72%
28%
85%
15%
54%
46%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent


(Content) training activities used to assist learning
67%
33%
47%
27%
27%
61%
39%
86%
14%
72%
28%
77%
23%
46%
54%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent


(Content) quality of the training materials
75%
25%
53%
33%
13%
50%
50%
86%
14%
67%
33%
77%
23%
38%
62%
M1
M2
M3
M4
M5
M6
M7
Poor
Adequate
Good
Excellent