Enabling Workforces and Organisations **for Thriving Kids**

FINAL REPORT

AUGUST 2025

Thriving Queensland Kids Partnership
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Acknowledgement of Country

We acknowledge the Traditional Owners of the lands upon which we live and work, and their continuing connection to land and sea, kin, culture and community. We pay respect to Elders past and present, and to First Nations colleagues.

We are privileged to welcome and grow our children and support our families in these places.

We also acknowledge the First Nations leaders, advocates and organisations that have fought for children and their families, and the resulting consequences of adversity and trauma over generations.

We acknowledge the resilience, determination, leadership, generosity and innovation of First Nations peoples, and we recognise the value inherent in Indigenous ways of 'knowing, being and doing'.

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1 | Acknowledgements

Recognition of First Nations peoples

We respectfully acknowledge the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have passed on their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing efforts to protect and promote First Nations people and cultures. We recognise that it is our collective effort and responsibility as individuals, communities, organisations and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of reconciliation.

Recognition of lived experience

We acknowledge the individual and collective contributions of Queenslanders with lived experiences of mental ill-health and problematic alcohol and other drug use, and people, groups and communities impacted by suicidal distress or suicide. We acknowledge families, carers and support people who play a fundamental role in supporting people with lived experience. Each person's journey is unique and collectively provides a valuable contribution to reform. We acknowledge and value your expertise.

Recognition of collective collaboration

Suggested citation

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YILIYAPINYA
Brain Health and Healing for Young People, Families, and the Workforce

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Project funded by:

Queensland Mental Health Commission

insight
Centre for alcohol and other drug training and workforce development

Dovetail
supporting the youth alcohol and drug sector in Queensland

Leveraging resources of TQKP's philanthropic and other partners.

Acknowledgement of collaborators

TQKP acknowledges the expertise and generosity of the kids, caregivers, communities, funding partners, systems practitioners and leaders who have contributed to the Enabling Workforces Initiative.

Over 450+ stakeholders including lived experience representatives, leaders, practitioners, service delivery organisations and academics were engaged. These organisations contributed invaluable insights, which ultimately led to the development of the **Enabling Workforces Toolkit.**

Government departments, agencies and organisations

Children's Health Queensland • Child and Youth Mental Health Services • Queensland Centre for Perinatal and Infant Mental Health	Health and Wellbeing Queensland
	Health Workforce Queensland
	Legal Aid Queensland
Department of Families, Seniors, Disability Services and Child Safety (former Department of Child Safety, Seniors and Disability Service)	Office for Youth
	Queensland Ambulance Service
Department of Housing and Public Works	Queensland Corrective Services
Department of Justice and Attorney-General	Queensland Family & Child Commission
Department of State Development, Infrastructure and Planning (Former department of Housing, Local Government, Planning and Public Works)	Queensland Health • Better Health North Queensland Primary Health Network • Darling Downs and West Moreton Primary Health Network • Evolve Therapeutic Services • Mental Health Alcohol and Other Drugs Branch • Metro North Mental Health, Royal Brisbane and Women's Hospital • Office of the Chief Nursing and Midwifery Officer
Department of the Premier and Cabinet	
Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (Former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts)	
Department of Youth Justice and Victim Support	Queensland Mental Health Commission
Education Queensland • Education Futures Institute (EFI) • Partnerships and Precincts Mt Isa • Gainsborough State School	Queensland Police Service
	Queensland Public Sector Commission
	State Library of Queensland

Non-government organisations

Australian Research Alliance for Children and Youth (ARACY)	Murdoch Children's Research Institute
	Palix Foundation
ARTD Consultants	PeachTree Perinatal Wellness
Be You, Headspace Schools and Communities	PeakCare
Dad's Group	Queensland University of Technology
Emerging Minds	Social Vantage Advisory
Get Readi Group	Smiling Mind
Isolated Children's Parents' Association	TAFE Qld
Yiliyapinya Indigenous Corporation	The University of Queensland
Kindred Squared	Tim Fairfax Family Foundation (TFFF)
Logan Together	University of Oxford

2 | Executive summary

The Enabling Workforces and Organisations for Thriving Kids initiative (Enabling Workforces) was developed to uncover and embed learnings on the impacts of adversity and trauma to better equip organisations to respond to and support children, young people and families in Queensland. It was a deliverable under **Every Life: The Queensland Suicide Prevention Plan** which seeks to enhance mental health and wellbeing across Queensland and support government agencies to address the impacts of Adverse Childhood Experiences (ACEs).

The initiative aimed to broaden and share learnings across organisations, about the factors influencing health and wellbeing from early childhood and across the life course, including adversity, trauma, complexity and diversity, and protective measures for brain and body health and development, mental wellbeing, healing and resilience for children, young people and their families. It aimed to draw upon state, national and international evidence and practitioner wisdom.

The intent was to advance a co-designed capability-building approach to support policy and practice related to ACEs, trauma, resilience and healing.

2.1 Project overview

2.1.1 Background

Enabling Workforces was led by **Thriving Queensland Kids Partnership** (TQKP) in collaboration with **Emerging Minds**, **Yiliyapinya Indigenous Corporation**, **The Queensland Brain Institute at The University of Queensland** and **Dovetail** funded and supported by QMHC.

The initiative was developed in response to three interconnected and growing challenges faced by workforces and organisations across government and community sectors:

- the prevalence, complexity and impacts of child maltreatment, mental ill-health, problematic and challenging behaviours, and disorders and conditions[1]
- the demands to better address neurodiversity, and to better support family functioning, especially those experiencing early or chronic stress and distress
- high levels of worker anxiety, stress, exposure to psychosocial hazards, staff turnover and absences, and challenges recruiting skilled and experienced staff.

For more information
or to talk about how to get more involved,
please contact **TQKP@aracy.org.au**

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1   Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology

2.1.2 Purpose

At the heart of Enabling Workforces was the goal to strengthen connections, capabilities, and capacities across systems. This means building an ecosystem that is equipped, coordinated, and purpose-driven, working together to:

- **reduce the experience and consequences of inequity and adversity**
- **improve opportunities, capabilities and outcomes so all Queensland kids have a great start and journey in life.**

TQKP's purpose is to 'catalyse systems to change the odds for Queensland children and young people to thrive'. TQKP is a coalition and intermediary of partners from Queensland and beyond, instigated and hosted by **ARACY**.

To achieve this, TQKP:

- brings people, organisations and sectors together
- uses what we know and learn
- supports leaders and catalysts
- facilitates collaborative action, innovation and development.

QMHC funded TQKP as a systems intermediary to convene collective cross-sector wisdom and learnings and co-design a responsive workforce learning package.

The initiative was established to respond to these key strategic drivers:

- part of recommendation 6 of the **Child Death Review Board 2020-21 Annual Report**; to establish a shared professional development program on the acute and long-term effects of ACEs
- action 2 of **Every Life Phase Two**, develop a framework and professional development program for use across agencies addressing the acute and long-term effects of adverse childhood experiences
- action 1.3.5 of achieving balance, **The Queensland Alcohol and Other Drugs Plan 2022-2027**, improve awareness of the role of trauma and adverse childhood experiences in the development of problematic alcohol and other drug issues by embedding trauma informed approaches throughout government and non-government agencies
- support the whole-of-government **Queensland Trauma Strategy** developed by the Queensland Mental Health Commission in response to recommendations from the Queensland Mental Health Select Committee.

The initiative aimed to demonstrate potential value and relevance through engagement and co-design.

Further information about Enabling Workforces can be found here.
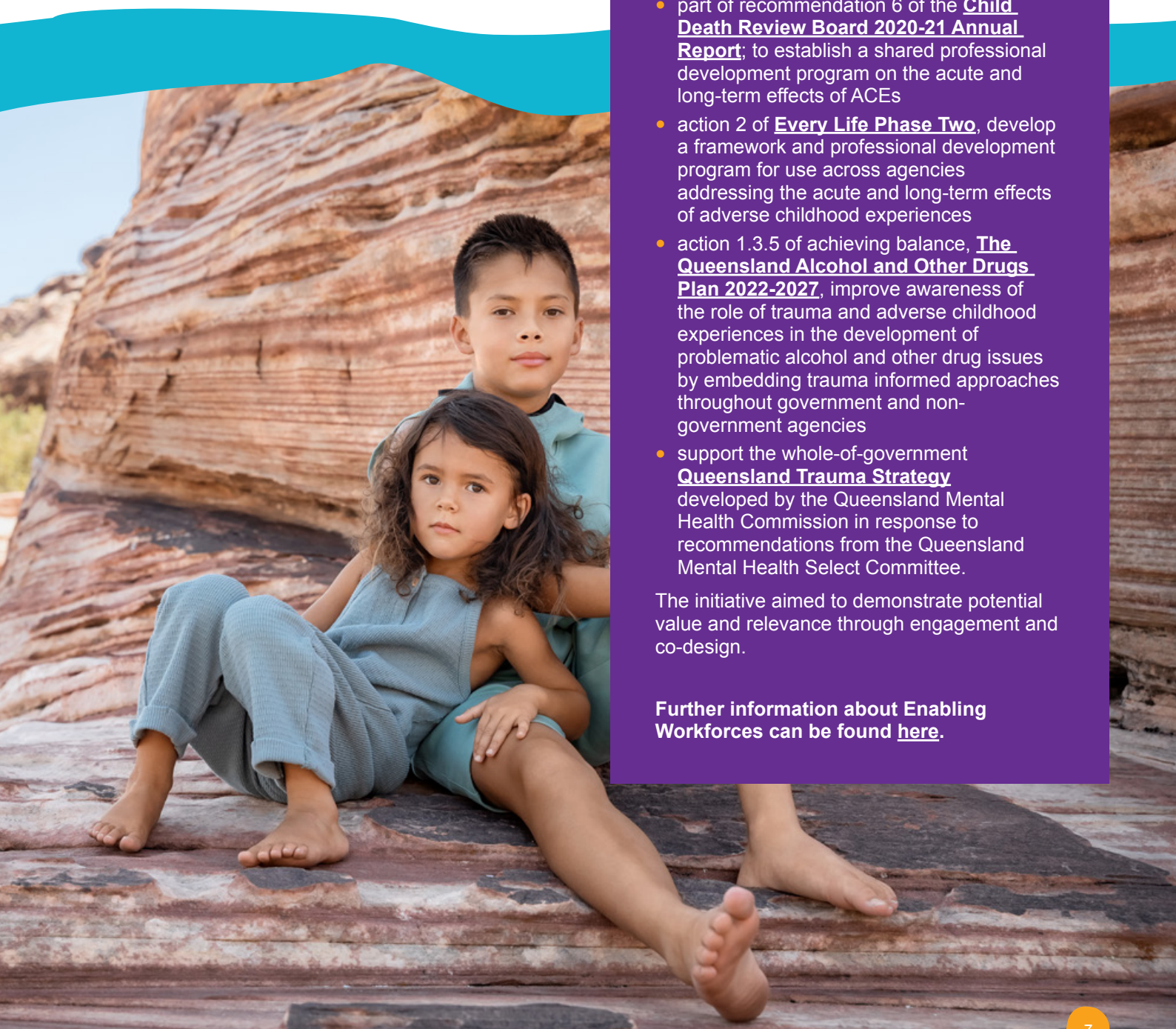
2.1.3 Target audience

Government departments, and agencies responsible for delivering Human Services.

2.1.4 Scope

Enabling Workforces was a 12-month capability building initiative with a scope to:

1. map and analyse existing policies, frameworks, professional standards and capability resources and offerings available for government agencies to address long term impacts of ACEs, trauma and complex needs of children and their families

2. engage with stakeholders across government departments, including those with lived experience to understand what could add value and be responsive to workforce needs

3. co-design the development and delivery of a workforce 'trial, test and learn' package ('learning package')

4. pilot and evaluate learning package in multiple locations in Queensland and advise on scalability.

2.1.5 Project team

A Project Team was established in February 2024 to inform and co-design the initiative, in collaboration with stakeholders across government agencies and tertiary institutions (refer to 2.1.6 Stakeholders).

Project team purpose:

- provide advice and guidance on the initiative
- support co-design and co-production of a neuro-informed capability building Toolkit and related resources to support a common language
- identify opportunities of collaboration and expertise.

Over the course of the initiative the project team met ten times to:

- explore existing resources and opportunities
- plan workshops and stakeholder engagement
- synthesise learnings
- consolidate key elements around a common language
- identify enablers and barriers
- co-design Phase 2 Theory of Change
- refine the Evaluation Plan
- co-design the learning package (the Enabling Workforces Toolkit)
- co-design the Implementation Guide
- identify trial and test locations.

Project team:		
Michael Hogan	Executive Convenor	Thriving Queensland Kids Partnership (TQKP)
Rowena Cann	Lead Places and Learning	TQKP
Michelle Cole	Senior Partnership Officer	TQKP
Eleni Bourboulas	Project Officer	TQKP
Helen Francis	Manager Partnerships and Implementation	Emerging Minds
Brad Morgan	Director	Emerging Minds
Associate Professor Sally Staton	Senior Research Fellow	The University of Queensland
Dr Laetitia Coles	Research Fellow	The University of Queensland
Sheryl Batchelor	Founder and CEO	Yiliyapinya Indigenous Corporation
Dr Rebecca Goodhue	Lead, Translational Brain Health	Yiliyapinya Indigenous Corporation
Karl Lacis	Social Worker	Dovetail
Karen Petty	Team Leader	Dovetail

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2.1.6 Stakeholders

The initiative was undertaken in collaboration with Queensland Government agencies and statutory authorities, across the education, health and mental health, family well-being, child protection, disability, justice, community, housing, and youth justice, skills and training portfolios. Expertise was also sought from those with a lived experience.

The project team worked in partnership with representatives from across government departments across all phases of the initiative, including mapping and co-design of the capability building offering.

A range of engagement and co-design approaches were used throughout the initiative including briefings, workshops, interviews and meetings.

Overall, more than 450 stakeholders were engaged from over 30 Government agencies and departments including representatives from:

- Queensland Mental Health Commission (QMHC)
- a Steering Committee from the Suicide Prevention Strategic Oversight Group (SOG)
- people with lived and/or living experience
- key leaders from government agencies and organisations including but not limited to:
  - Department of the Premier and Cabinet
  - Department of Families, Seniors, Disability Services and Child Safety
  - Department of Youth Justice and Victim Support
  - Department of Education
  - Queensland Health
  - Children's Health Queensland
  - Evolve Therapeutic Services
  - Mental Health Alcohol and Other Drugs Branch
  - Metro North Mental Health, Royal Brisbane and Women's Hospital (RBWH)
  - Queensland Ambulance Service
  - Health and Wellbeing Queensland
  - Better Health NQ
  - Department of Employment, Small Business & Training
  - Department of Justice
  - Department of Regional Development, Manufacturing and Water
  - Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism
  - Queensland Family and Child Commission
  - Queensland Public Sector Commission
  - TAFE Queensland
  - University of Sunshine Coast
  - Queensland University of Technology.

In addition, the Public Sector Commission (PSC) facilitated a project initiation briefing for the Queensland Public Sector Strategic Workforce Council.

For the full list of Government agencies engaged throughout the initiative, see Appendix 1 Stakeholder Engagement.

For the methodology used for stakeholder engagement refer to Section 3 Methodology Overview.

More details on stakeholder engagement can be found in Section 4 of this report.

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3 │ Methodology

3.1 Overview

The initiative had two distinctive phases and two aligned, but different methodologies were undertaken.

Phase 1	Phase 2
Engage, map and analyse which included six key activities:	**Trial, test and learn ways of implementing the learning package (Enabling Workforces Toolkit) which included four key activities:**
1. reviewing the policy and framework 2. mapping the professional standards 3. interviewing and engaging stakeholders 4. mapping the capability building offerings 5. mapping the Service delivery eco-system 6. co-designing and delivering workshops.	1. co-design the learning package and capability building approaches 2. planning and development for each of the trial and test locations 3. trialling and testing the learning package 4. evaluating the implementation and resources.

The methodology for both phases is outlined in Table 1 below.

Table 1: Key methods for phase 1 and phase 2

Phase 1 methodology: engage, map and analyse		
No	**Activity**	**Method**
1	**Policies and frameworks review**	Conduct a search of relevant national and Queensland policies. Review policies against relevant brain health, mental health and child development principles. Analyse the potential of policies to provide an authorising policy environment.
2	**Professional standards mapping**	Map professional standards and linkages with brain health, mental health and child development principles.
3	**Capability building offerings mapping**	Collate an overview of no cost or low-cost capability development and training available in Queensland*, with a focus of building and supporting the wellbeing of children and families. *from national and state level
4	**Service delivery mapping**	Undertake a desktop review of the current service delivery landscape in Queensland with a focus on Child Safety, Disability, Health and Education.
5	**Workshops**	Gather insights into the complexity of the service system, workforce challenges, barriers, opportunities, leverage points and support for leadership connection across service delivery. Gauge the level of stakeholder interest and readiness for potential trial, test and learn sites.
6	**Stakeholder engagement and interviews**	Gather insights from key stakeholders (senior leaders, practitioners and participants with lived experience).

Phase 2 methodology: trial, test and learn		
No	**Activity**	**Method**
1	**Co-design of learning package and capability building approach**	Co-develop a learning package* and capability building approach based on findings from Phase 1 and underpinned by research and evidence (refer to Section 4.55). Test proposed approach with stakeholders from Government agencies: Youth Justice, Child Safety and Education as well as the broader project stakeholders. Develop Theory Change to guide the Trial and Test Phase and the evaluation (see Diagram 1). *The learning package developed was the **Enabling Workforces Toolkit.**
2	**Trial and test location planning and development**	Engage senior government stakeholders to identify possible pilot sites and create an authorising environment. Introduce the learning package and the aim for the Trial and Test Phase of the initiative. Engage with representatives from a range of levels within each pilot site to identify suitability and approach.
3	**Trial and test period**	Undertake a 4-6 week learning period for each pilot site to trial, test and learn using the learning package. Engage regularly and support implementation and ongoing authorising environment for the pilot sites. Engage with senior stakeholders within each department to explore learnings for scalability. Capture learnings from pilot sites to develop Implementation Guide for Child and Youth Workforce.
4	**Evaluation**	Undertake learning and progress evaluation in partnership with Emerging Minds Evaluation Team to support capturing impact and evidence supporting the initiative's theory of change and systemic impact.

*The Theory of Change was co-developed by the project team and stakeholders to support Phase 2 implementation, guiding the testing and evaluation. **Please see Diagram 1.***

Diagram 1: The Theory of Change

The Theory of Change			
If we	Bring people, organisations and sectors together, engage and motivate around a shared vision of a common language across workforces of healthy development, wellbeing and resilience		
	Using existing evidence-based resources	Accessible through an online quality improvement platform	
then we	Build awareness of the 5 neuro-informed capability strands:		
	• brain development and brain health	• adverse and protective childhood experiences	
	• resilience	• the whole person	• trauma and healing
then this will result in	Reflective discussions about, and strategic action planning for, neuro-informed workforce capability building - prioritising workforce capability building in a way that supports workforce capacity		
which in turn will contribute to	Organisational level awareness of strengths and priorities for developing knowledge and skills related to..		
	Adverse childhood experiences, trauma, brain and body health, mental wellbeing, and resilience for children, young people and their families		
so that	• People can learn and apply that knowledge in their practice, services and programs • Reflecting on their own wellbeing and resilience and strategies to support them • Enabling workforces to support families and children		

then by 2030	Leaders, practitioners and families apply neuro-informed knowledge to support children's healthy development		
	Throughout Queensland, agencies, departments and organisations are equipped to enable every child, family and worker to thrive. Underpinned by a collective vision and shared understanding of what it takes to enable thriving workers, thriving families and thriving kids.		

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4 | Project delivery

4.1 Initiative deliverables

The initiative key deliverables were identified to guide the design, development and delivery. The table below outlines the key deliverables and timeframes of the initiative. The following sections (4 – 7) provide details on each of the deliverables, their learnings and outcomes.

Table 2: Deliverables

Deliverable	Timeline
Phase 1: Facilitating, mapping, co-designing and engaging	
Mapping and analysis	July – August 2024
Alignment to professional standards and competencies	June – August 2024
Co-design and engagement	July – August 2024
Development of Enabling Workforces Toolkit and Implementation Guide	September – December 2024
Phase 2: trial, test and learn	
Engagement with existing capability building opportunities	January 2025 - April 2025
Embedding contemporary science into preservice curricula	March 2024 - April 2025
Pilot site engagement and co-design of learning approach for 'trial, test and learn'	November 2024 - February 2025
Scaling and embedding of Toolkit	April - May 2025
Learning and progress evaluation	February - May 2025

4.2 Phase 1 mapping and analysis

Mapping background

The initial phase of the project (Phase 1) concentrated on mapping existing policies and frameworks, professional standards and existing capability resources and offerings to inform the development and delivery of a workforce 'trial, test and learn' package to improve and apply understandings about brain health and development into relevant Government services in Queensland.

The focus in this phase was on government-sector workforces and agencies to operationalise principles outlined in **Shifting Minds 2023-2028**. It was noted that non-government, community managed and private organisations could also benefit from the activities being developed through the initiative.

Key policies, frameworks, professional standards and capability building offerings relevant to the core themes of Enabling Workforces were searched across the following areas:

- health
- housing
- mental health
- early years
- maternal health
- rural and remote service delivery
- Aboriginal and Torres Strait Islander policies and frameworks
- multicultural frameworks.

Once identified, each source was analysed for references to themes associated with the emerging capability strands such as:

- ACEs
- trauma
- complexity
- diversity
- brain health and development
- mental health
- healing
- resilience for children, young people, their families and communities.

Policies, Frameworks and Standards that explicitly included references to children, young people and families were reviewed in further detail.

The mapping identified 86 national and Queensland policies and frameworks with significant alignment with the initiative's objectives. Notable policies include Shifting Minds, **the Queensland Trauma Strategy, Every Life: The Queensland Suicide Prevention Plan**, and **the National Children's Mental Health and Wellbeing Strategy**.

All these policies emphasised the importance of early intervention, trauma-informed care, resilience-building, and the integration of mental health support into child-focused services.

Gaps were identified in policy implementation, particularly in translating policy intentions into workforce development programs. These findings highlighted a need to embed neuro-informed and trauma-responsive practices across multiple sectors, including child safety, education, health, and youth justice.

For more details, please see Appendix 2 Analysis and Mapping and Appendix 3 Executive Summary Analysis and Mapping.

4.3 Phase 1 alignment of professional standards and competencies

Professional standards in Health, Education, Child Safety, Youth Justice and the Public Sector, as well as Occupational Standards for roles such as Medical Professionals, Occupational Therapists, Social Workers, Psychiatrists, Psychologists, and Physiotherapists, were reviewed and mapped based on references to the emerging capability strands referenced in section 4. 2.

The maternal, child, and family health nurses' standards were exceptionally thorough, incorporating many of the capability strands, including values of child and family agency, holistic approaches, strength-based methods, and working in partnership, explicitly in descriptors. These could serve as exemplary models for other professions reviewing standards.

Overview of the professional standards

- There are overlaps of understanding self and those who are being supported in existing professional standards across departments. These provide opportunities to **embed learnings on the impacts of adversity and trauma.**

- Neuroscience and the impacts of trauma on brain development and stress on cognition were seldom mentioned explicitly. There are **implicit links**, for example Australian Institute for Teaching and School Leadership (AITSL) Professional Knowledge Standard: 1.1 'Physical, social and intellectual development and characteristics of students.

- **Staff wellbeing** was noted as important, but the responsibility predominantly fell on the individual, with minimal recognition of the potential **impacts that systems, the workforce, organisational structures, leadership, or mentorship have on wellbeing.**

- Most standards clearly emphasised the **importance of cultural diversity and cultural safety**, particularly for Aboriginal and Torres Strait Islander peoples.

- Some standards highlighted the necessity of recognising one's own **cultural beliefs and perspectives** and understanding their impact on daily work, although this was not consistently reflected across all standards or competency frameworks.

- Although there was some mention of the importance of **preventative measures and early support work**, this was often not explicitly outlined in many of the standards.

- Few standards acknowledged the need for **child and family agency** outside the context of Aboriginal and Torres Strait Islander peoples.

- There were **inconsistencies** across the various standards and competency frameworks; some lacked depth and did not incorporate current research or approaches, providing little guidance on best practices for practitioners.

For more details please see Appendix 4 Alignment with Professional Standards Overview.

4.4 Phase 1 co-design and engagement

Enabling Workforces had a strong focus on co-design and engagement of various stakeholders which included workshops with representatives from across government departments and lived experience interviews.

Workshops

Over the course of the initiative, three workshops were convened to guide the design of the learning package. Table 3 provides an overview of the workshops, the purpose and key takeaways.

Table 3: Workshops overview

Workshop attendees	Purpose	Key takeaways
Workshop 1 (52 attendees)	To provide an understanding of the initiative's strategic goals, an overview of the key aspects, and the expected collaboration with government agencies.	Understanding what supports a collective vision and collaboration Identifying key points such as cross-sector collaboration, common language, strong visible leadership, long-term commitment, communities of practice, bipartisan support, making a tangible difference, and being courageous to try new approaches
Workshop 2 (42 participants)	Sharing insights from the initial workshop, collecting feedback on placement within the current frameworks, developing a common language, and identifying how the initiative can add value.	Awareness of the current activities, potential areas for added value by the initiative, obstacles to progress, and opportunities for gaining momentum Feedback highlighted issues such as workforce stress, staff shortages, continuous orientation due to staff turnover, and the complexity of work
Workshop 3 (60 attendees)	To codesign the workforce capability toolkit. To share and verify information collected through mapping, interviews and previous workshops.	To amplify and connect existing work taking place across the sectors using what and who we already have, and what we know and learn; without competing or duplicating Endorsement of the framework and five capability strands for moving towards the common language Intersections with the initiative, and opportunities for collaboration explored with existing service provider offerings such as Evolve, Headspace Schools and Communities, Beyond Blue and Mental Health in Primary Schools (MHiPS) Key actions to support workforce capability uplift - including the trial and testing in the next phase of the initiative

Overall, the key themes from the workshops included:

- integration of current learning resources into existing platforms, emphasising simplicity
- opportunities for workforce training pathways, including pre-service and ongoing professional development
- impact of workforce shortages in rural and remote areas

- intersection of Domestic and Family Violence Frameworks with this work
- resilience as a strategy to manage workforce burnout
- child and family-centred care as a pathway to supporting resilience
- the importance of considering overall wellbeing and how this might be considered in daily practice.

Stakeholder interviews

Interviews were conducted with 14 key stakeholders and 5 lived experience stakeholders. Participants represented a wide range of roles and responsibilities and included senior leaders and practitioners from various departments and agencies. The aim was to explore alignment of the initiative with existing work and positioning of implementation to add value, avoid duplication and provide a comprehensive understanding from multiple perspectives within the system.

Overall, the key themes from the interviews included:

- authorising factors were identified such as whole of government approaches, strategies such as Shifting Minds and Every Life, and the Queensland Trauma Strategy
- there was a shared understanding of, and appetite for, development of a common language across departments and continuation of developments in cross-sector collaboration and learnings
- workforce capacity was identified throughout the interviews as a key consideration for the next phase and positioning of the initiative. Staff attrition, retention, recruitment, pay disparity, workforce burnout, and lack of appropriate training were mentioned in several interviews
- importance of alignment of this initiative with professional standards and competency frameworks: *"This is not additional work; this is our core business"*

- mental health and wellbeing concerns identified including levels of anxiety and mental health issues among students and staff, with a need for better implementation of wellbeing initiatives
- the importance of embedding the voice of lived experience, and ongoing workforce capability developments
- existing interagency support, communication and collaboration, including through Children's Health Queensland Project ECHO
- pre-service training and induction were identified as opportunities to leverage for capability building
- the need to support implementation was clear
- there are continued barriers to cross-agency collaboration and information sharing
- there appears to be a 'doing problem' rather than a 'knowing' problem.

"

We need to stop overcomplicating the 'what' and look more deeply at the 'how'

"

4.5 Phase 1 engagement with existing capability building opportunities

The capability building offerings that were highlighted through the workshops and interviews were mapped alongside 20 national learning and development providers.

Although consultations had shown there was sometimes limited awareness of their availability, there was a diverse range of evidence-based no-cost or low-cost learning opportunities, as well as fee-based services aimed at individuals or organisations.

Many of these were topic-based rather than scaffolded, with the exception of two. At the time of analysis, **BeYou** offered free scaffolded learning for the education sector, and **Emerging Minds** provided relevant scaffolded learning across all service sectors.

Examples of low cost or no cost training and workforce development through national and Queensland platforms included the following:

For schools and early learning
- **BRitA Futures**
- **Be You** including **Be You Programs Directory**
- **SAFEminds program**
- **Orygen**
- **Berry Street**
- **Early Childhood Australia**

Health professionals
- **Mental Health Professional Network**
- **Mental Health First Aid Australia**

Aboriginal and Torres Strait Islanders
- **National Community Controlled Health Organisation (NACCHO)**
- **Wellmob**

Child and family services (including child protection)
- **Australian Childhood Foundation**
- **Berry Street**
- **Evolve Therapeutic Services**
- **Australian Institute of Family Studies** and **Child Family Community Australia**

For a detailed list of the existing capability building offerings available, please see Appendix 5 Current Learning and Development Offerings.

4.6 Phase 2 development of the Enabling Workforces Toolkit and Implementation Guide

The engagement and mapping highlighted that there was no shortage of evidence-based resources available for workforces. However, translating them to practice was sometimes a barrier identified by stakeholders.

In developing the Learning Package, it was identified that developing an accessible and scaffolded learning toolkit for workforces could enable the development of a common language and embed learnings on the impacts of adversity and trauma to better equip organisations to respond to and support children, young people and families in Queensland.
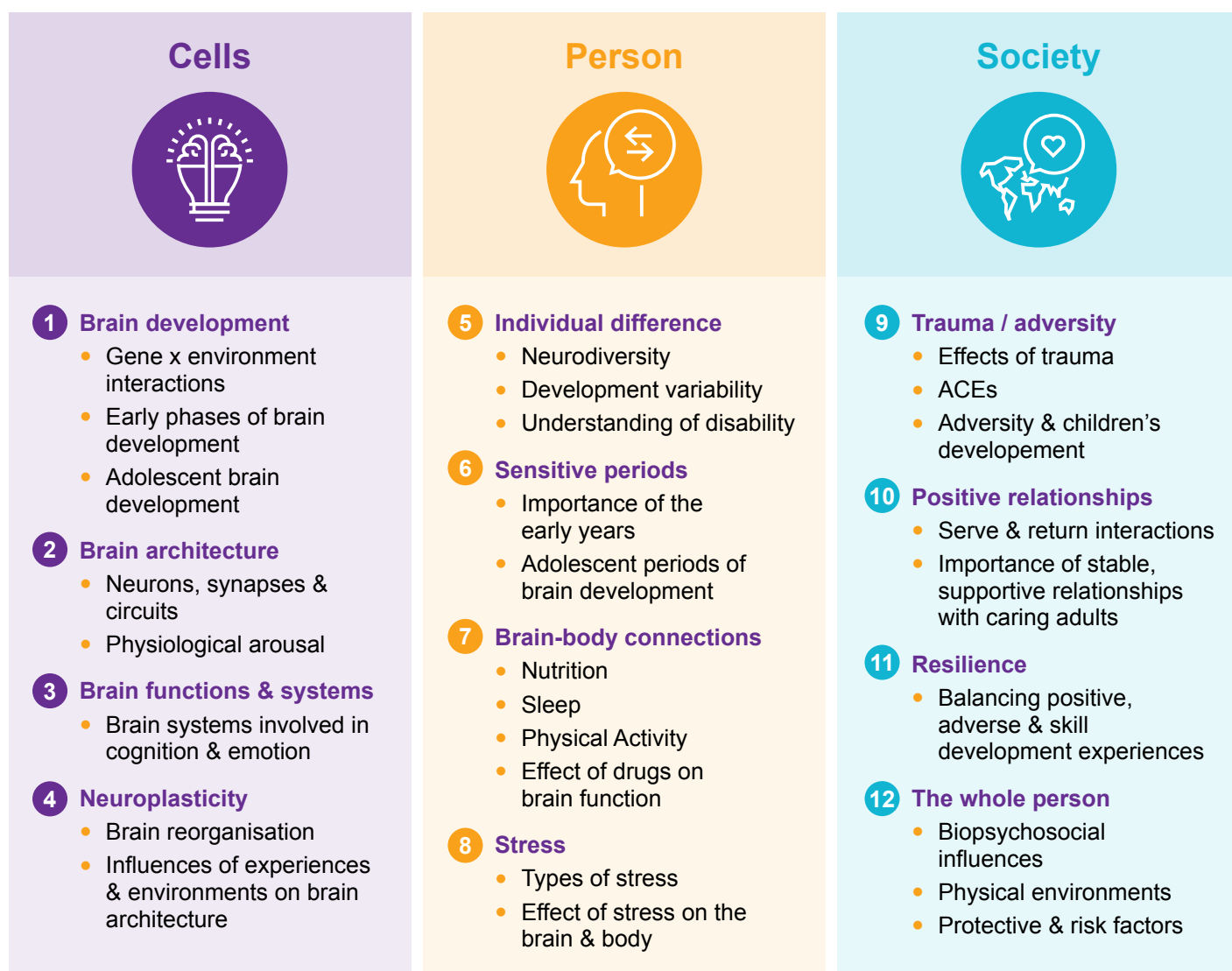
With this in mind, the project team tested a hypothesis that the development and trialling of a learning package, which would later be called the **Enabling Workforces Toolkit**, would support knowledge mobilisation by bringing together existing resources in a tiered way. Collating existing resources as a learning package (Enabling Workforces Toolkit) could assist in supporting a common language being developed across departments and agencies.

To ensure the framework for the Enabling Workforces Toolkit was evidence-based in structure, research drawn from **The Brain in Context: A Scoping Review and Concept Definition of Neuro-Informed Policy and Practice**.[2] was utilised.

The scoping review and concept definition of 12 key knowledge bases outlined in 'The Brain in Context' and further explained and published in **'Brain Builder Workforces: The Neuro-informed Policy and Practice Framework'** were tested with stakeholders as a possible structure for the framework of the Enabling Workforces Toolkit.

Diagram 2 outlines the 12 key knowledge bases from the **Neuro-informed Policy and Practice Framework:**

Diagram 2: 12 neuro-informed key knowledge bases

Cells

1. **Brain development**
   - Gene x environment interactions
   - Early phases of brain development
   - Adolescent brain development

2. **Brain architecture**
   - Neurons, synapses & circuits
   - Physiological arousal

3. **Brain functions & systems**
   - Brain systems involved in cognition & emotion

4. **Neuroplasticity**
   - Brain reorganisation
   - Influences of experiences & environments on brain architecture

Person

5. **Individual difference**
   - Neurodiversity
   - Development variability
   - Understanding of disability

6. **Sensitive periods**
   - Importance of the early years
   - Adolescent periods of brain development

7. **Brain-body connections**
   - Nutrition
   - Sleep
   - Physical Activity
   - Effect of drugs on brain function

8. **Stress**
   - Types of stress
   - Effect of stress on the brain & body

Society

9. **Trauma / adversity**
   - Effects of trauma
   - ACEs
   - Adversity & children's developement

10. **Positive relationships**
    - Serve & return interactions
    - Importance of stable, supportive relationships with caring adults

11. **Resilience**
    - Balancing positive, adverse & skill development experiences

12. **The whole person**
    - Biopsychosocial influences
    - Physical environments
    - Protective & risk factors

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2   **The Brain in Context: A Scoping Review and Concept Definition of Neuro-Informed Policy and Practice**, Staton et al, 2024

A learning framework that collated existing resources, underpinned by a tiered learning approach, was identified as key purpose and aim for the learning package.

Feedback from stakeholders highlighted existing workforce capacity and the importance of ease of navigation. This led to five knowledge bases (Capability Strands) being chosen from the Neuro-Informed Framework to structure the Enabling Workforces Toolkit design:

1. Brain development & brain health

2. Adverse and protective childhood experiences

3. Trauma & healing

4. Resilience

5. The whole person

Further information about the research underpinning the five capability strands can be found here:

- **Evidence Brief: Neuro-informed Policy and Practice Scoping Review**
- **Brain Building Workforces**

For more information, please see Appendix 6 Enabling Workforces Toolkit Framework.

International learnings regarding tiered approaches for knowledge mobilisation by **Palix Foundation's Alberta Family Wellness Initiative** and the **Oxford Brain Story** provided examples of where this has catalysed a common language across sectors. For more information, please see **Appendix 7 International Knowledge Translation**.

The framework was designed to enable collation of existing evidence-based, low or no cost resources. It was tested with stakeholders and further developed and refined by the project team. This resulted in the development of the existing version of the **Enabling Workforces Toolkit**. For the PDF version, please see **Appendix 8 Enabling Workforces Toolkit.**

With this in mind, the EWT resources were categorised according to:

- **Five neuro-informed capability strands** (Brain Development & Brain Health, Adverse and Protective Childhood Experiences, Trauma & Healing, Resilience and The Whole Person),
- **Length** of video/module or training (starting with just a few minutes), and
- **Intended impact:**

  Heart: includes short, emotive, core message dissemination, common language/knowledge,

  Head: includes understanding the 'why', actionable insights, opportunity for reflection into practice, and

  Hand: includes deeper understanding of the 'how', and ongoing supports.

To facilitate strategic communication and broaden reach and impact with the Toolkit, an **Enabling Workforces Initiative** webpage was added to the **TQKP website** and an **Enabling Workforces Learning Hub** developed to host the Toolkit. It was also promoted to stakeholders nationally and internationally via the ARACY and TQKP e-bulletin and LinkedIn.

The **Enabling Workforces Toolkit** has been designed to be a living resource that grows as new evidence becomes available. TQKP will continue to work with the sector to implement and update the Toolkit beyond the life of this initiative.

Child and youth related workforce plan

To support teams with getting started in an easily accessible way, a Child and Youth Related Workforce Plan was developed.

Please see Appendix 10 Child and Youth Related Workforce Plan.

This has also been published on the TQKP website as the **Enabling Workforces Getting Started Guide**.

Implementation Guide

A detailed Enabling Workforces Implementation Guide (the Implementation Guide) was co-designed with stakeholders to assist organisations who use the Toolkit in embedding changes into everyday practice.

Please see Appendix 9 Implementation Guide for Child and Youth Workforce.

The Implementation Guide includes:

- overview of the evidence underpinning the toolkit
- neuro-informed capability strands
- toolkit overview
- exploring readiness and planning for implementation
- establishing a change team
- examples of how the toolkit has been used from the trial and test locations
- advice on embedding change.

4.7 Phase 2 trial, test and learn

Six trial, test and learn locations (pilot sites) were identified across Education, Health, Youth Justice and Child Safety departments. The aim of this phase was to explore how the Enabling Workforces Toolkit 'Heart' resources could be utilised to support a shared language across workforces. Short-form content and accompanying reflection questions were shared within existing meeting structures such as team meetings, supervision sessions and 'lunch and learns'.

With the support of the project team, each pilot site selected a learning approach to meet their specific needs. The learnings from these sites informed a Learning and Progress Evaluation Report (refer to **Section 4.8** and **Appendix 13**), capturing learnings and case studies to support scaling up of the Toolkit and implementation into the future.

The phase 2 pilot sites were:

Department of Education
- Gainsborough State School Hub (co-located with Head to Health)

Department of Youth Justice and Victim Support
- Townsville Early Action Group (EAG)
- Western Districts Service Centre
- Neurodevelopmental Disability Framework and Practice Guide

Department of Families, Seniors, Disability Services and Child Safety
- Southern Downs and Granite Belt Child Safety Service Centre, Ripley (Southwest Region)
- Ipswich North Child Safety Service Centre, Ipswich (Southwest Region)

Table 4 provides an overview of the trial, test and learn approach utilised for each pilot site.

Table 4: trial, test, learn overview

Department/agency/organisation	Learning approach
Department of Education	
Gainsborough State School	'Heart' resources with a focus on Resilience weaved into Pupil Free Day with built in reflection opportunities
Department of Youth Justice and Victim Support	
Townsville Early Action Group	Weaving of neuro-informed 'Heart' resources from Enabling Workforces Toolkit into existing capability building such as 'Team Huddles' with built in reflection opportunities
Neurodevelopmental Disability Framework and Practice Guide	'Heart' resources weaved into existing Framework and Practice Guide to support neuro-informed capabilities, for example Trauma
Western Districts Service Centre	Identification of neuro-informed capability priorities and support for integration into supervision and team planning
Department of Families, Seniors, Disability Services and Child Safety	
Southern Downs and Granite Belt Child Safety Service Centre, Ripley (Southwest Region)	Weaving of neuro-informed 'Heart' resources from Enabling Workforces Toolkit into existing capability building such as team meetings with built in reflection opportunities
Ipswich North Child Safety Service Centre, Ipswich (Southwest Region)	Weaving of neuro-informed 'Heart' resources from Enabling Workforces Toolkit into existing capability building such as team meetings with built in reflection opportunities

For more details, please see Appendix 11 Trial and Test Locations.

The Toolkit was used by organisations outside of the evaluated trial, test and learn sites. Table 5 below provides more details on the organisation using the toolkit and the approach they are taking.

Table 5: Overview of learning approaches used in the additional trial, test and learn sites

Organisation	Learning approach
Embedding contemporary science into preservice curricula: Tertiary Institutions	
Neuro-informed Curricular Review: TAFE Queensland, University of the Sunshine Coast (UniSC), Queensland University of Technology (QUT), The University of Queensland (UQ)	As part of the **Thriving Kids, Active Brains** project led by the Queensland Brain Institute at The University of Queensland and funded by Ian Potter Foundation, University of the Sunshine Coast, TAFE Queensland, and Queensland University of Technology have been engaged to support the integration of contemporary science into preservice curricula **Curriculum reviews were underway during the writing of this report across several courses utilising 'Heart' resources from the Toolkit. These include:** 1. Bachelor of Nursing Science 2. Bachelor of Education (Early Childhood) 3. Thompson Institute's Graduate Certificate in Mental Health and Neuroscience 4. Graduate Certificate in Public Health 5. Graduate Diploma in Midwifery 6. Bachelor of Laws
University of Sunshine Coast	Following engagement with the Curricula Reviews, the project team have supported program coordinators at University of Sunshine Coast to embed neuro-informed resources from the Enabling Workforces Toolkit 'Heart' resources and **Understanding Brain Development** course. Engagement has included Deputy Head of School (Research) for the School of Health, Program Coordinator, Nursing and Program Coordinator, Bachelor of Early Childhood Education
TAFE Queensland	Invitation to present on Enabling Workforces at the 2025 TAFE Queensland Community Services Industry Forum 200 educators from TAFE Queensland campuses in the following teaching areas: Early Childhood Education and Care, Education Support (Teacher Aide), Mental Health, Alcohol & Other Drugs and Mental Health Peer Work, Community Work, Leisure and Health, Child Protection, Youth Work, Counselling, Aged Care & Disability The Enabling Workforces Toolkit has been shared with all TAFE Queensland Community Services educators in the above teaching areas and investigation is occurring with the Portfolio Librarian to student-face the resources to help build students' awareness, knowledge and skills
The Queensland Brain Institute at The University of Queensland led initiative Brain Health in Queensland Schools (BHiQS)	Presentation on Enabling Workforces at Townsville Brain Health in Schools event (June 2025). Townsville Early Action Group (test, trial and learn site) to share knowledge translation case study
Queensland Child Protection Advocates Group (QCPAG)	Presentation on Enabling Workforces, sharing the Enabling Workforces Toolkit to members of QCPAG and the Queensland Police Service

Organisation	Learning approach
Additional examples	
Project ECHO Community of Practice	Enabling Workforces Toolkit and Media Kit shared with Project ECHO members and facilitators to be shared with their broad audience from a number of professions working with children in Queensland
NAPCAN – integration into the QLD Protective Behaviours Program Pilot	As part of NAPCAN's commitment to strengthening child protection capability across Queensland's early years workforce, the 'Enabling Workforces Toolkit' and 'Understanding Brain Development' online course have been integrated into the digital participant kits provided on completion of the Protective Behaviours training Invitation to co-present as part of NAPCAN's Creating Child Safe Environments training for Department of Education at Early Years Neighbourhood Network Leadership Session in June 2025
Student Engagement and Alternative Learning – Family Support Coordinator Roles	'Heart' resources used to support integration into existing induction resources for new 'Family Support Coordinator' roles
Yiliyapinya Indigenous Corporation – Workplace Brain Health Workshop	2-hour Workplace Brain Health Workshop delivered to all staff at Laidley District State School with a focus on 'Understanding your own brain health so we can help others'
Early Childhood Australia (ECA) October 2024 and QUT Trauma-Aware Education Conference 2024	Conference presentations outlining the Enabling Workforces initiative and testing concepts including tiered approaches to capability building with education professionals

"

[Brain development] is an important topic for all of us to be across from leadership, those first impressions in administration through, to then people who are working one-on-one with our young people.

Youth Justice Western Districts Service Centre

"

4.8 Evaluation

Emerging Minds were contracted as external evaluators of the Enabling Workforces initiative. The evaluation team worked closely with the project team on the development of the evaluation plan and ethics application. Please see Appendix 12 Evaluation Plan.

Ethics approval was sought from the Monash University Human Research Ethics Committee.

The evaluation was designed to facilitate the Trial, Test and Learn process of the initiative, by ensuring data was collected and analysed in a timely way in order to make findings and learnings available in a report to be submitted to the project team. This report will inform the Queensland Mental Health Commission when considering funding and the sustainability of the initiative into the future.

The evaluation plan was developed in consultation with the project partners to identify impacts on participants resulting from engagement in the learning package (Enabling Workforces Toolkit).

The evaluation sought to:

- identify impacts on participants resulting from engagement in the learning package
- determine effectiveness of the learning package
- gather insights on barriers and facilitators of engaging in the learning package
- understand experiences applying new knowledge and skills to work practices, as well as participants' experiences of the learning package and thoughts on improvements.

The evaluation used a mixed methods approach.

Table 6 outlines details about the evaluation.

Table 6: Evaluation activity timeline

Timing	Activity
2024	
June 2024	Evaluation team and TQKP to agree the evaluation proposal
July - November 2024	**Initiation meeting/s between evaluation team and project team to finalise and agree:** • evaluation questions • pre/post survey questions • focus group questions • detailed project timings and • identify points where evaluation activities need to be built into or interact with the learning program (e.g. consent to participate in evaluation by trial participants). Prepare and submit Human Research Ethics Committee application
November 2024	Prepare and build survey and interview schedules
2025	
November 2024 - February 2025	Learning package completion period by trial participants Pre- and post-survey administered to participants by evaluation team
February - March 2025	Analysis of pre-and post-survey data Interviews and focus groups completed
April - May 2025	Thematic analysis of interview and focus group feedback Report drafting and delivered for review including feedback from QMHC

> "
> *What I think it's done for us is to link the practice to the neuroscience and the why.*
>
> **Southern Downs and Granite Belt Child Safety Service Centre, Ripley (Southwest Region)** "

> "
> *The real power for our group has been to do it together, as opposed to saying, "Oh, everybody go off and do your own self-paced learning".*
>
> **Youth Justice Early Action Group (EAG) Townsville.** "

Appendix 13 Evaluation Report provides a detailed overview of the evaluation method, summary and analysis of the data and feedback gathered through pre and post surveys, focus groups and key learnings to support scaling on the initiative across government in the future.

5 | Challenges and solutions

Several challenges were identified which were largely due to the complexity of supporting cross-sector capability building.

The main challenges and solutions utilised to overcome them are outlined below.

Timeframes for funded initiatives

The Enabling Workforces initiative was a 12-month contract. Establishing a new project team, including recruitment, contracts with partners and governance take time and ideally needed more time provided for this at the start of the contract. The 12-month timeframe caused some challenges in meeting deadlines around engagement with trial, test and learn locations and supporting teams' readiness for implementation.

To overcome the challenge in this instance, the project team developed detailed project plans, worked with QMHC on timelines, and where needed revised the schedule of works.

Building capability when capacity is limited

Throughout the project it became apparent that the workforce attrition and burnout was high. Supporting capability building of staff remained a high priority, but being able to do so in a way that acknowledged existing capacity was critical for the second phase of the initiative to have any buy in and support.

To address this, the project team used learnings from capability building with **The Oxford Brain Story by the University of Oxford.** In developing the learning package design, the project team introduced the concept of tiered learnings and short (Heart) content. This was positively received as a way of enabling teams to integrate learning in a way that acknowledged existing capacity constraints.

The learnings from overcoming these challenges shaped the design for Phase 2 and the feedback from the pilot sites with this approach has been overwhelmingly affirmative.

Queensland election

The scope of the initiative was focussed on Queensland Government departments and agencies, and in October 2024 a State General Election was held. The project team heard from stakeholders that there was a reticence to move too far forward with decisions until after the election was completed. Caretaker Period also meant that between 1 October - 26 October 2024 no decisions could be made within departments.

To overcome this, the project team continued to work with the proposed trial, test and learn sites to explore opportunities and prepare, and worked with QMHC to extend the project timelines on the decision of sites. The core business of the stakeholders did not change, and building capability for workforces remained a key priority area.

Co-design of a workforce package

The Enabling Workforces Toolkit was developed through a co-design process, which meant that the final product could not be defined at the outset. Early on, stakeholders asked, "Is this a new module?", "Is it a webinar?", or "What will it look like?" However, these questions couldn't be answered until the insights from mapping existing resources, workshops, and interviews were gathered. Genuine co-design required time to understand the context and needs before shaping the final outcome.

Support from QMHC and clear communication about the process kept stakeholders engaged. Listening to a wide range of views helped create a Toolkit that filled a clear gap and is now being used across government agencies, as well as by organisations and Peak Bodies beyond the original scope.

Further examples are outlined in <u>Appendix 13 Evaluation Report</u>.

6 | Outcomes and impact

6.1 Results

The following emerging results include:

Creation of a common language, enabling translation to action: from science to service

Across workshops and stakeholder interviews, there was clear recognition of the need for a shared, neuro-informed language. Enthusiasm was high, although readiness varied across teams. Despites these complexities, there was overwhelming agreement for the five capability strands to start to embed the common language across workforces.

Despite complexities within and across systems, a change in government and workforce capacity, there was continued engagement from across agencies. The collective wisdom and sharing of knowledge from a range of stakeholders, including alignment to existing offerings, enabled a responsive workforce package to be developed.

The flexible, co-designed nature of the approach resulted in fostering trust and receptivity across the trial, test and learn sites. When developing and trialling the toolkit the approach took into consideration the existing workforce strengths and complexities, including burnout and attrition. This resulted in pilot sites being able to integrate neuro-informed capability building into existing team structures, finding a way 'from the knowing to the doing'.

Embedding a common language

All of the pilot sites opted to continue implementation of the 'Heart' resources in their team meetings, huddles and 'lunch and learns' (see **Appendix 13 Evaluation Report** for more details). The Townsville Early Action Group is also scaling the trial to the Mt Isa Early Action Group.

In addition, there are several emerging opportunities to support ongoing implementation and upscaling across government departments, peak bodies and not for profit organisations. For example, integration with PeakCare's review of Hope and Healing and possible integration into the Residential Care Workforce Strategy.

Within tertiary education, the implementation continues to develop. At the time of report finalisation, the Enabling Workforces Toolkit resources have been used by Senior Lecturer and Program Coordinator: Bachelor of Education (Early Childhood) to update three Early Childhood Undergraduate courses.

From policy to practice

One of the initiative's aims was to support translation of policy recommendations to a common language across workforces. The results of engagement and continued interest to embed the Toolkit across departments and organisations outside of the initiative scope suggests the Toolkit is helping to facilitate this. **(Refer to Section 7 Recommendations for details about next steps).**

Below are examples of the emerging results for each pilot site.

Education sector	Child safety
Gainsborough State School:	**Southern Downs and Ipswich North:**
The Enabling Workforces Toolkit has **resulted in shared language and understanding around resilience**, which was particularly valuable during Cyclone Alfred. The short-form nature of the resources has allowed for effective integration of the learning approach and existing resources into staff professional development/ student free days.	The ability of the toolkit to be **integrated into established learning structures**, has resulted in positive staff engagement.
Youth justice	**Youth justice**
Townsville Early Action Group (EAG) :	**Western Districts Service Centre:**
The Toolkit has not only enabled the development of a common language, but **strengthened multidisciplinary collaboration** in the Townsville EAG. The short-form content and universal approach developed **has resulted in knowledge translation that fosters human-centred, Trauma-Aware practice, resilience and an understanding of workers' own brain health**, as well as being better equipped to support others.	This site used the Emerging Minds **Focus Quality Improvement Tool** (Focus) to identify which of the five Capability Strands was a priority, enabling them to tailor the resources to need. To facilitate its implementation resources were introduced during a whole-office Learning Breakfast. This event provided all staff with the opportunity to engage in learning, collaborate and discuss potential future impacts of embedding the learning. While some staff were already familiar with the information presented through internal trainings, the session served as a valuable refresher, **reinforcing the importance of integrating these learnings into everyday practice.**

6.2 Benefits

The Enabling Workforces Toolkit was developed as a practical, evidence-based, cross-disciplinary tool that enhances learning, workforce wellbeing and effectiveness. The tiered approach supports capability building in a way that acknowledges capacity constraints. This has been identified as a benefit across sectors.

The Toolkit emphasised short, digestible "Heart" resources that could be integrated into existing structures like team meetings, supervision sessions, and lunch-and-learn events. This flexible, discussion-based approach responded to stakeholder feedback that resisted traditional e-learning formats and allowed for deeper contextual engagement.

A key benefit of this initiative was the partnership co-delivering the project (TQKP, Emerging Minds, Queensland Brain Institute at the Queensland Brain Institute at The University of Queensland, Yiliyapinya Indigenous Corporation and Dovetail - as part of Insight). It supported the team in locating existing resources, leveraging expertise and being able to gather examples of best use in practice such as Children's Health Queensland Project Echo and existing Emerging Minds federally funded resources.

Convening government agencies and partners to steward a common language enabled this initiative to facilitate co-design of the Toolkit that meets existing workforce needs and can be adapted according to contextual needs.

The initiative was able to catalyse the collective wisdom, through the authorising environment and support that QMHC provided, along with senior government representatives.

A number of benefits were outlined through the Evaluation Report including:

- **accessibility and relevance** to a range of professions and educational backgrounds
- **flexibility of approach** enabled tailored implementation and supported workforce engagement in ways that were responsive to organisational needs
- **whole-of-site approach** to implementation provided opportunities for shared language and team building
- **tiered offerings** provided a scaffolded learning pathway for each of the five capability strands, allowing sites to identify resources that matched the needs of their workforce
- **reflective discussions** enhanced learning and engagement when using the resources. They provided opportunities to develop shared language and understanding
- **multi-disciplinary collaboration** was supported by using the resources to develop a common language.

Further examples are outlined in Appendix 13 Evaluation Report.

6.3 Learnings

There were several lessons learned during both phases of the initiative. These included:

Building on what already exists

It is important to draw on and engage with existing resources to ensure that we do not add more noise to an already busy ecosystem.

The first phase uncovered the significant number of resources already available regarding neuro-knowledge in the form of courses, resources, videos and reading. Despite this, it found that not enough of this knowledge is embedded into pre-service training nor into core professional development of practitioners who work directly with children, young people, and families[3]

In addition, the importance of:

- building on **existing team structures**, rhythms, routines and cultures to support implementation. In the pilot sites where these were fully established, integration of the learning was seen to be easy and added value with very little effort or additional work required.

As well as the value of:

- **acknowledging** what is already in place and **amplifying** these. This allowed for the initiative to focus sharply on translation to action rather than redeveloping new materials and new approaches
- highlighting the **voice of lived experience** within workforces so projects add value rather than 'add to the noise'.

Both people and places, are critical for readiness

In Phase 2, the partnering organisations learnt of the importance of identifying individuals and places that are ready to embed neuro-informed practice into their workplace. Being 'ready' is not only about the people who will be involved but also includes the readiness of the environment. Even if the team is willing and able, the broader context also needs to be receptive. This requires systems thinking, considering explicit factors such as polices, practices and resources; less obvious elements including relationships, connections and power dynamics; and more implicit factors of mindsets, attitudes and beliefs.

This highlighted the importance of:

- **time and relationship-building** in complex systems. Recognising both the opportunities and potential barriers to engagement across systems and the levels of the system that need to authorise this engagement
- an **authorising environment**. The critical role of leadership support in enabling uptake
- **readiness and timing** were critical. Teams need to be ready, have space and adequate support. Sometimes waiting to introduce capability building offerings, no matter how tiered, can be needed
- equipping the workforce with the **support** they need to succeed. This includes the importance of understanding their own brain health, trauma and healing.

3   Lyra L'Estrange, Tanya Burr, Susan Irvine & Kate E. Williams (16 Apr 2025): Neuroscience in early childhood education: a content analysis of Australian qualifications, Journal of Early Childhood Teacher Education, DOI: 10.1080/10901027.2025.2489947

Communication and tiered approaches support implementation

The co-design process surfaced the value of using shared, plain language to communicate both the importance of neuro-informed practice and the content of neuro-knowledge. As well as creating tiered resources to accommodate for various contexts, so more people can engage with relevant information in a feasible manner.

Ensuring content is themed and communicated in a culturally safe way is also an important lesson. Initially, in the mapping process, 'Cultural knowledge' was grouped with 'Trauma' which can imply that only Indigenous or culturally or linguistically diverse children/ families experience trauma. Having Indigenous and culturally and linguistically diverse experts involved in processes regarding neuro-informed practice remains a non-negotiable.

This reinforces the value of:

- short, tiered learning resources that integrate into existing structures. Keeping it simple where it can be rather than overcomplicating in an ecosystem where workforces are already experiencing attrition and burnout
- developing and establishing a strong framework to guide, map, and communicate the logic of the work
- creating pragmatic solutions that reflect the varying levels of time, money, and supports across the system that can ensure wide participation and engagement
- drawing out commonalities and a common language, knowledge, and purpose that can transcend the silos that often exist between different parts of the system.

Collaboration over competition

To enable effective knowledge translation and system change, collaboration across departments and agencies is key.

The importance of:

- working **collaboratively** with partners that bring **different perspectives** and views
- working closely with **tertiary institutions** to support preservice integration
- the importance of **co-design** and context-specific adaptability. Working collaboratively with partners that bring different perspectives and views.

The value of:

- **engagemen**t with the breadth and depth of the ecosystem – working with multi-disciplinary teams and departments. Taking time to listen and learn what is already in place.

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7 | Recommendations for next steps and upscaling

There are several recommendations from the Enabling Workforces initiative which reflect insights gathered from Phase 1 and Phase 2 and the subsequent Trial, Test and Learn phase. These have been themed across four levels:

1. system level
2. organisation level
3. individual level
4. sustaining and scaling.

<u>Appendix 2 Analysis and Mapping</u> outlines recommendations **specifically linked to Phase 1.**

<u>Appendix 13 Evaluation Report</u> **also provides additional context and data underpinning these recommendations.**

7.1 System level

Key recommendations

1. Establish a **strong authorising environment**, aligned and cross-referenced to key strategies such as Shifting Minds, the Queensland Trauma Strategy, Putting Queensland Kids First, the Early Years Strategy, and the National Children's Mental Health and Wellbeing Strategy. Ensuring coherence across these frameworks will create a unified direction for reform efforts.

2. **Foster leadership and cross-sector collaboration**. Support should also be provided for systemic and leadership challenges, including workforce mobility, sector complexity, political shifts, and fragmented strategies. The adoption of System Stewardship models can offer guidance in navigating these complexities.

3. Prioritise **embedding neuro-informed and trauma-informed practices** across sectors. These enable and support 'a common language'.

4. Create an **aligned human service professional standard** that reinforces neuro-informed capabilities and in mandatory training. Address the implementation challenges through proactive mitigation of known barriers. Existing time and workload constraints must be acknowledged, understanding that success is not about frontline workers knowing or doing more without sufficient support.

5. Consider existing **workforce capacity alongside capability**.

6. Address the fragmented service by **tackling resource redistribution challenges**, overcoming risk-averse cultures and competing priorities, and balancing high autonomy with effective coordination. Improving communication and reducing siloed practices during the implementation of new approaches will be crucial.

7. Scale up **systemic enablers** such as Child and Family Hubs and cross-sector collaboration platforms such as Project ECHO, as they provide essential social infrastructure for coordinated service delivery and promote a shared language across sectors.

8. Access to **preservice training** should be expanded, with neuroscience integrated into tertiary education curricula across all relevant disciplines. Furthermore, ongoing coaching and funded supervision should be made available for staff who do not have formal accreditation pathways.

7.2 Organisational level

Key recommendations

1. Maintain a **holistic focus**, recognising the interconnected contexts of children, families, and practitioners. Visibility around issues of brain health, trauma, healing, and family resilience should be increased to create a more informed and compassionate workforce. Existing frameworks, such as the Queensland Health Child Development Clinical Capabilities Framework, offer valuable guidance for shaping effective workforce development strategies.

2. Enhance early engagement and prevention efforts, which is crucial to **build staff capability, competence, and confidence**. Bridging the gap between knowledge and practice is particularly important, especially in addressing Adverse Childhood Experiences (ACEs) and filling critical practitioner capacity gaps.

3. **Tackle workforce challenges** such as staffing shortages, retention difficulties, high workloads, resistance to change, and limited access to supervision for new staff. These comprehensive strategies are to ensure workforce stability and growth.

4. **Embed psychosocial wellbeing** into organisational goals through the use of Key Performance Indicators (KPIs), dedicated funding streams, and explicit staff wellbeing supports. These supports should be underpinned by neuroscience and framed around the message that "This is About All of Us," reinforcing the collective responsibility for wellbeing across the organisation.

5. **Leverage workforce strengths**, staff commitment, curiosity, and intrinsic motivation should be nurtured by clearly communicating the "why" behind their roles. Providing structured, regulated professional development and supervision opportunities, promoting workforce brain health, and fostering a culture of resilience are all key actions.

6. Build workforce capability sustainably **through tiered capability offerings.** These offerings must align with existing workforce capacity, bridging the gap between knowledge building and wellbeing. By doing so, organisations can ensure that professional development efforts lead to lasting and meaningful improvements at all levels of the workforce.

7. **Integrate shortform learning content into existing organisational structures**, creating time for individual and organisational reflection, and promote a broader learning culture. This approach will help embed continuous professional development into everyday practice.

7.3 Individual level

Key recommendations

1. **Embed learning about workers' own** brain health, Protective and Compensatory Experiences (PACEs) and healing.

2. **Promote trauma-informed and neuro-informed approaches** across the workforce. This involves shifting practitioner mindsets from asking, "What's wrong with you?" to a more compassionate, understanding question: "What happened to you?"

3. **Support ways to navigate high workloads**, staff attrition, and the psychosocial hazards associated with roles.

4. **Provide targeted support to maintain workforce** resilience and ensure the delivery of high-quality services.

7.4 Sustaining and scaling the Enabling Workforces initiative

The Enabling Workforces initiative was originally proposed as a multi-year effort, recognising that embedding lasting change at the individual, organisational, and systems levels requires time and sustained investment. The foundational work completed to date has laid important groundwork, and momentum continues to grow across Queensland.

TQKP is committed to advancing the Enabling Workforces initiative in Phase 3 and to work with QMHC and others to generate interest and investment to enable this.

Building on the groundwork established, the following actions are recommended to support the continued uptake and scaling of the Enabling Workforces Toolkit.

Key recommendations

1.
Facilitate cross-sector engagement

Support engagement with decision-makers in QMHC, Child Safety, Youth Justice, Health, and Education to embed the Toolkit in staff induction and onboarding processes. Maintain active promotion of the Toolkit and tiered learning approach, including use of the Implementation Guide.

2.
Leverage momentum

Focus efforts in places already showing enthusiasm and engagement to gather impact data and identify opportunities for future funding in 'ready' environments.

3.
Support practice embedding

Assist current users to deepen their application of the Toolkit. Encourage the use of live case study presentations in team meetings to foster shared learning, reflection, and peer-to-peer engagement, especially valuable for later adopters.

4.
Explore emerging partnership opportunities

It is likely that opportunities to embed and scale the Toolkit will continue to emerge. **For example, opportunities are being explored with:**

- PeakCare – Integration of the Toolkit into the *Hope and Healing* curriculum and mandatory training refresh.
- Head to Health Brisbane – Collaboration through *The Common Approach* training and the *Resilience Scale*.
- Da V'ange Group – Building capability via a signed Statement of Cooperation, including use of Brain Building module assets in tertiary curricula.
- Smiling Mind – Exploring the integration of Toolkit resources into their Mental Fitness Framework.
- **Embedding the toolkit** within institutions and systems through policy alignment.

5.
Continue to develop the toolkit with a focus on

- Enhancing **cultural safety** and relevance of toolkit resources. Expand the offerings within the toolkit to include resources that are relevant to those working with Aboriginal and Torres Strait Isander families and families with other diverse cultural backgrounds.
- Continuing to **refine the toolkit design** in response to user feedback
- Designing a co-created **eLearning module** underpinned by the Capability Strands. This will enable easier integration into staff onboarding and induction, especially via government department Learning Management Systems.

6.
Sustain implementation for systems change

- **Articulate into TQKP's Childhood Stewards Capability Initiative:** Building integration of neuro-knowledge across leadership in Queensland.
- **Co-funded Coaching Roles:** Establish coaching roles to assist teams in embedding neuro-informed practices at the service level.
- **Enabling Workforces Collaborative:** Convene a dedicated collaborative of stakeholders leading workforce development efforts. This group would foster cross-sector learning, peer support, and effective translation of neuroscience into policy and practice.
- **Explore longer-term evaluation:** to gather further insights into implementation and impacts on meaningful practice.

Additional co-investment from the QMHC and other Queensland Government departments would further support this initiative's expansion and alignment with key strategies, including the recommendations of the Queensland Trauma Strategy.

8 | Appendices

Appendix 1:
Stakeholder engagement

Enabling Workforces for Thriving Kids - stakeholder list

The following Government organisations were engaged across the stakeholder consultations as part of the Enabling Workforces for Thriving Kids initiative. These organisations contributed invaluable insights into the development of the **Enabling Workforces Toolkit.**

Government departments, agencies and organisations	
Children's Health Queensland • Child and Youth Mental Health Services • Queensland Centre for Perinatal and Infant Mental Health	Health and Wellbeing Queensland
	Health Workforce Queensland
Department of Families, Seniors, Disability Services and Child Safety (former Department of Child Safety, Seniors and Disability Service)	Legal Aid Queensland
	Office for Youth
Department of Housing and Public Works	Queensland Ambulance Service
	Queensland Corrective Services
Department of Justice and Attorney-General	Queensland Family & Child Commission
Department of State Development, Infrastructure and Planning (Former department of Housing, Local Government, Planning and Public Works)	Queensland Health • Better Health North Queensland Primary Health Network • Darling Downs and West Moreton Primary Health Network • Evolve Therapeutic Services • Mental Health Alcohol and Other Drugs Branch • Metro North Mental Health, Royal Brisbane and Women's Hospital • Office of the Chief Nursing and Midwifery Officer
Department of the Premier and Cabinet	
Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (Former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts)	
Department of Youth Justice and Victim Support	
	Queensland Mental Health Commission
Education Queensland • Education Futures Institute (EFI) • Partnerships and Precincts Mt Isa • Gainsborough State School	Queensland Police Service
	Queensland Public Sector Commission
	State Library of Queensland

Non-government organisations	
Australian Research Alliance for Children and Youth (ARACY)	Logan Together
	Murdoch Children's Research Institute
ARTD Consultants	PeachTree Perinatal Wellness
Be You, Headspace Schools and Communities	Queensland University of Technology
Emerging Minds	Social Vantage Advisory
Get Readi Group	TAFE Qld
Isolated Children's Parents' Association	The University of Queensland
Yiliyapinya Indigenous Corporation	Tim Fairfax Family Foundation (TFFF)

Further to the above list, representatives from the following organisations were engaged through informal meetings and/or email correspondence:

Government organisations
Australian Broadcast Corporation (ABC)
Australian Human Rights Commission
Brisbane Youth Detention Centre
Charleville Primary Care and Community Charleville Hospital
Child and Youth Clinical Network –Children's Health Queensland
Children's Hospital Foundation
Department of the Prime Minister and Cabinet
Local Government Association of Queensland
Mackay Regional Council
Mareeba Shire Council
Mater Health Service
National Injury Insurance Scheme
Office of Industrial Relations
PeakCare
QIMR Berghofer Medical Research Institute
Queensland Child and Youth Clinical Network, Children's Health Queensland
Queensland Forensic Mental Health Service
Queensland Centre for Mental Health Learning
Queensland Government Customer and Digital Group
Queensland Human Rights Commission
Queensland Treasury
Regional Development Australia Tropical North
Sunshine Coast University Hospital
Royal Flying Doctor Service
Torres and Cape Health and Hospital Service
Torres Health Corporation
Western Australia Premier and Cabinet
Western Downs Regional Council

Non-Government organisations
Central Queensland University (CQU)
Chill Art Connect
Griffith University
Smiling Mind
Xstitch Health
Dad's Group

Appendix 2:
Analysis and mapping

Appendix 3:
Executive summary - analysis and mapping

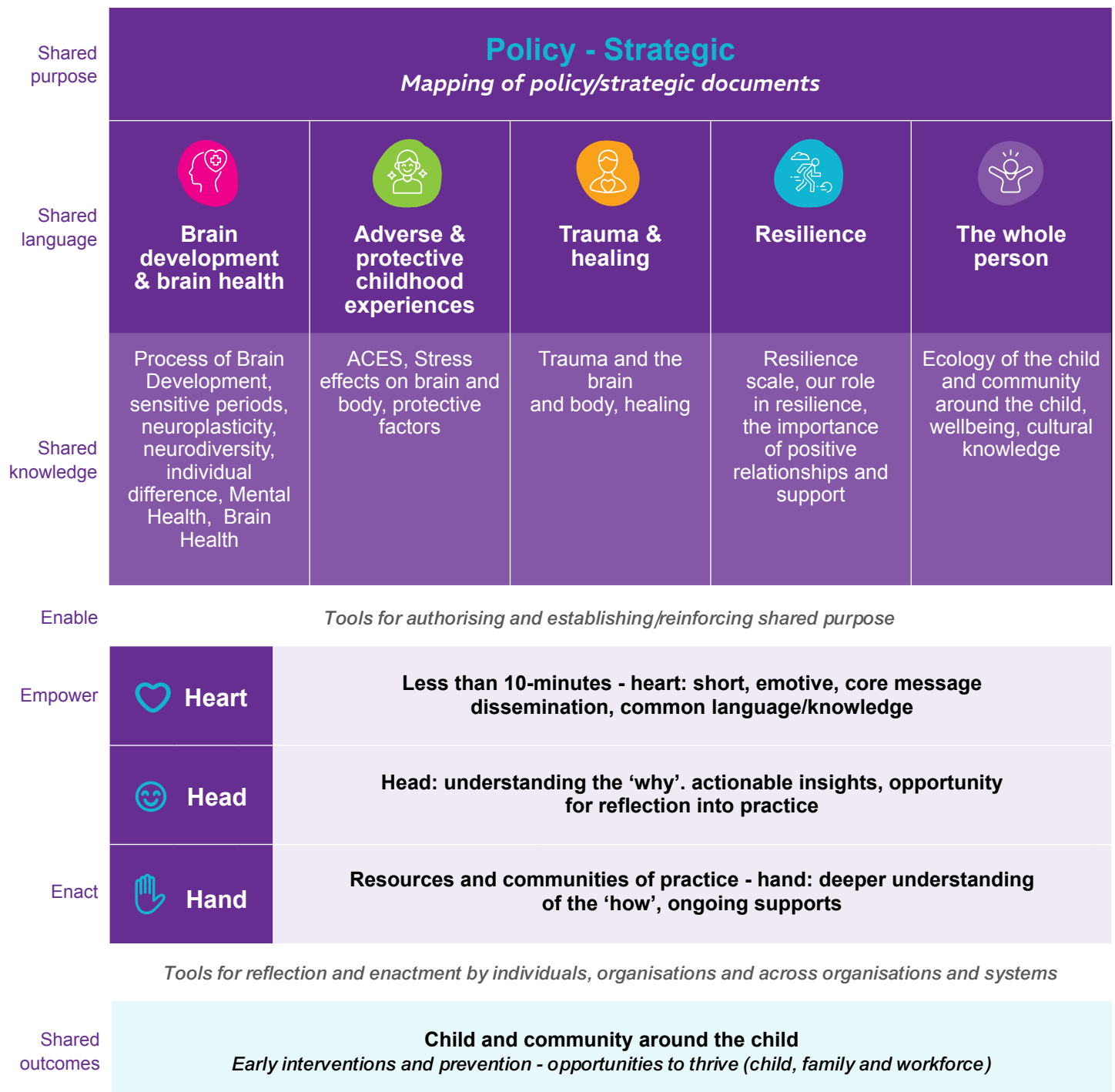**Appendix 4:**
Alignment with professional standards overview

Appendix 5:
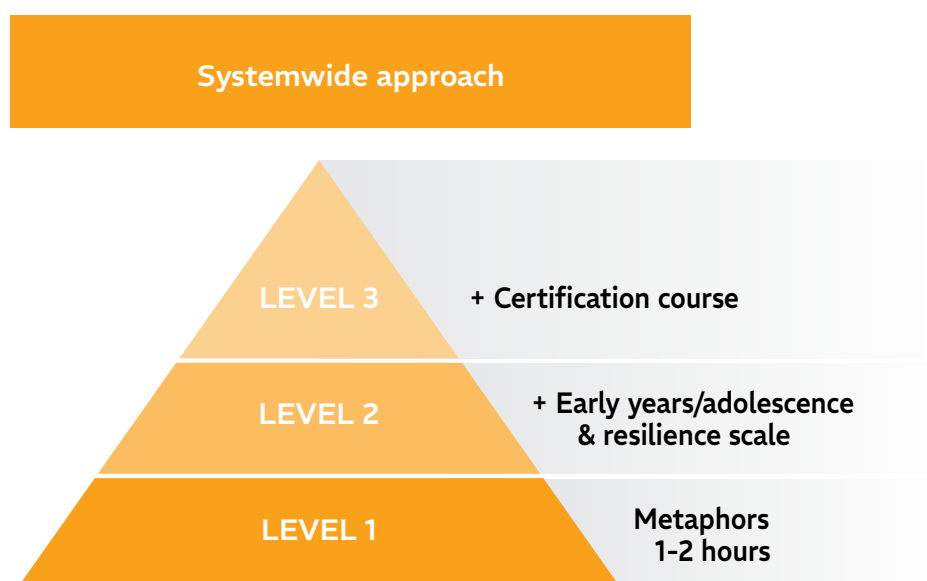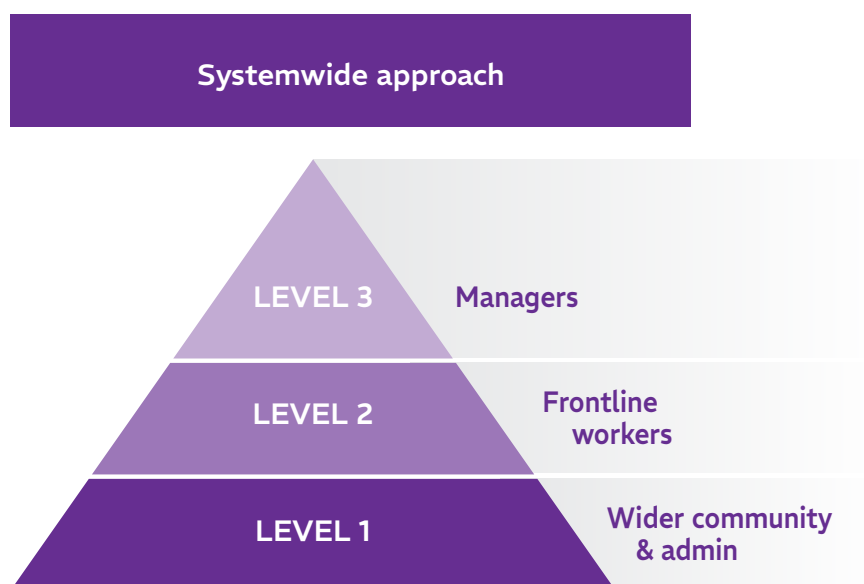**Current learning and development offerings**

Appendix 6:
Enabling Workforces Toolkit framework

	Policy - Strategic				
Shared purpose	*Mapping of policy/strategic documents*				
Shared language	**Brain development & brain health**	**Adverse & protective childhood experiences**	**Trauma & healing**	**Resilience**	**The whole person**
Shared knowledge	Process of Brain Development, sensitive periods, neuroplasticity, neurodiversity, individual difference, Mental Health, Brain Health	ACES, Stress effects on brain and body, protective factors	Trauma and the brain and body, healing	Resilience scale, our role in resilience, the importance of positive relationships and support	Ecology of the child and community around the child, wellbeing, cultural knowledge

Enable — *Tools for authorising and establishing/reinforcing shared purpose*

Empower	♡ **Heart**	**Less than 10-minutes - heart: short, emotive, core message dissemination, common language/knowledge**
	☺ **Head**	**Head: understanding the 'why'. actionable insights, opportunity for reflection into practice**
Enact	✋ **Hand**	**Resources and communities of practice - hand: deeper understanding of the 'how', ongoing supports**

Tools for reflection and enactment by individuals, organisations and across organisations and systems

Shared outcomes

Child and community around the child
Early interventions and prevention - opportunities to thrive (child, family and workforce)

International knowledge translation

An example of translation from science to service

Systemwide approach

LEVEL 3	Managers
LEVEL 2	Frontline workers
LEVEL 1	Wider community & admin

Systemwide approach

LEVEL 3	+ Certification course
LEVEL 2	+ Early years/adolescence & resilience scale
LEVEL 1	Metaphors 1-2 hours

The Oxford Brain Story, Elizabeth Rapa and Louise Dalton. University of Oxford

Appendix 8:
Enabling Workforces Toolkit

Appendix 9:
Implementation guide for child and youth workforces

Appendix 10:
Child and youth related workforce plan

Appendix 11:
Trial, test and learn locations

Appendix 12:
Evaluation plan

Appendix 13:
Evaluation report

Appendix 14:
Presentation to TAFE Queensland

Appendix 15:
Presentation to Queensland Child Protection Advocate Group (QCPAG)