



# **Early Intervention Transformation Programme: Trauma Informed Practice Project**

**An insight report on system change  
readiness in Northern Ireland**

## Introduction

### **Origins of the EITP Trauma Informed Practice Project**

In 2017, the Department for Health in Northern Ireland announced that £1.5 million would be invested through the cross departmental Early Intervention Transformation Programme (EITP) to build professional workforce capacity to understand how adverse childhood experiences (ACEs) can affect child development and to build on the skills of staff working with individuals who have been affected by childhood adversity through a trauma informed approach.

On 2 April 2018, the Safeguarding Board for Northern Ireland (SBNI) formally launched the EITP Trauma Informed Practice Project, NI ACE Animation and training resources with over 180 representatives from across health, social care, justice, education, justice, housing, the community and voluntary sector and with government officials. The Safeguarding Board for Northern Ireland is now working with its twenty seven member agencies and more to build a trauma informed workforce across Northern Ireland.

The EITP Trauma Informed Practice (TIP) Project has designed and delivered a variety of Trauma Informed Practice training packages for delivery across a multi-agency workforce. The training has been informed by international research, published within the SBNI/QUB Evidence Review reports. A publications list, including these research papers are available on the SBNI website.

In 2018, the SBNI contracted National Children's Bureau (NCB) to provide project enablement services, including a series of activities and reports which would help determine the current levels of knowledge and expertise about Adverse Childhood Experiences (ACE), trauma informed practice and system change readiness in Northern Ireland.

### **Aims of the EITP Trauma Informed Practice Project**

The EITP Trauma Informed Practice Project has been working primarily across five sectors to build capacity across the workforce in:

- Justice
- Education
- Health
- Social Care
- Community and Voluntary Sector

The training offer to these sectors is designed to provide participants with a better understanding of the extent to which individuals in Northern Ireland are impacted by Adverse Childhood Experiences (ACEs) and the practical skills that can be applied to support individuals who are presenting with trauma as a result of the adversity they have experienced during childhood. This will also strengthen the understanding of ACEs among professionals working with children and adults, including those involved in child protection, and in the wider community.

The intended outcomes for beneficiaries are:

- Have an awareness of the adverse childhood experiences which cause trauma in a child's life
- Be aware of the impact of these adversities on the development of a child
- Be able to identify what creates resilience to cope with adversity
- Be able to develop policies and practice, to embed trauma informed practice in their work.

This investment in workforce development is an intentional focus on increasing capacity and openness to system change. The EITP TIP Project seeks to contribute to creating a system in which:

- The workforce recognises and responds to the impact of childhood adversity on children, caregivers and service providers
- Trauma awareness, knowledge and skills are an integral part of organisational cultures, practices and policies
- Effective practice is used to maximise the physical and psychological safety of the child, facilitate recovery of the child and family and support their ability to thrive
- Children and families impacted by and vulnerable to trauma are more resilient and better able to cope.

## **Purpose of this Report**

Central to the aim of effecting system change, has been the development, in partnership with the HSC Leadership Centre, of a pioneering leadership development programme for senior decision makers across health and social care, justice, education, housing, local government and the community and voluntary sector.

The '*Be the Change*' leadership programme was designed to be innovative, fresh and leading edge. It builds on existing leadership skills and understanding of trauma responsive services. The programme challenges organisations and those working in them to think about what high impact and trauma informed leadership means for individuals, organisations and systems.

The purpose of this report is to use the experience and learning from *Be the Change* leadership programme participants to provide an insight into the level of system change readiness in Northern Ireland to systemically embed trauma informed practice within leadership, culturally and at a service level. It is hoped that this report will also help inform future activity in this area of work, beyond the lifetime of the EITP TIP Project.

The remainder of this report details the following:

- The methodology used, including an explanation of what system change readiness is and how it is measured
- The findings emanating from the survey and
- The conclusions that can be drawn from the findings, identifying areas of strength and areas for development; issues to note and those for further exploration.

## Methodology

This section of the report explores the following:

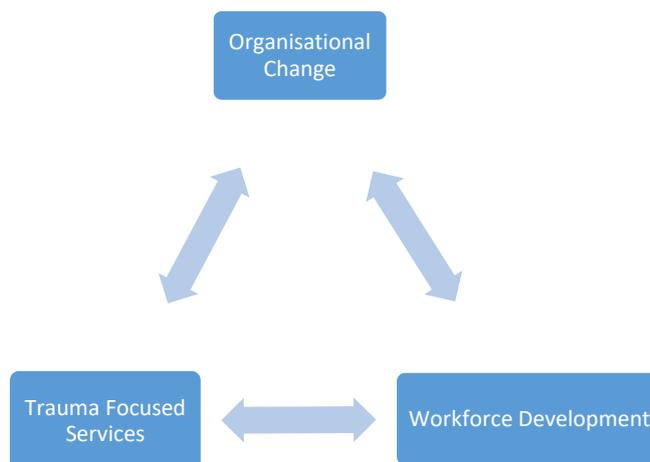
- What do we mean by system change readiness?
- How have we measured system change readiness?
- What data collection and analysis methods did we use?

## What do we mean by system change readiness?

The most recent research on Developing Trauma Informed Practice in Northern Ireland from Queen's University, Belfast<sup>1</sup>, conducted for the SBNI's Trauma Informed Practice Project, identifies the following key components of cross system trauma informed practice implementation:

- **Workforce Development** which includes
  - ✓ training and
  - ✓ staff safety and well-being
- **Trauma Focused Services** which includes
  - ✓ screening and assessment and
  - ✓ evidence based treatment
- **Organisational Change** which includes
  - ✓ leadership buy-in and strategic planning;
  - ✓ collaboration;
  - ✓ the physical environment;
  - ✓ service user involvement and
  - ✓ monitoring and review.

These three components are integrated and compensatory as the diagram below shows.



<sup>1</sup> Bunting et al, 2018, Evidence Review - Developing Trauma Informed Practice in Northern Ireland, SBNI, Belfast.

## **How have we measured system change readiness?**

It is acknowledged that multiple frameworks and tools are available to measure system change readiness. For the purposes of the EITP Trauma Informed Practice Project led through the SBNI, NCB developed a bespoke tool to measure system change readiness. This tool was based on a modified version of the Trauma Informed System Change Instrument from Southwest Michigan Children's Trauma Assessment Center<sup>2</sup>, which was designed for the child welfare system in Michigan, USA.

The tool was selected as it had been tested for reliability and validity and was considerably shorter than some others available, therefore increasing the likelihood of completion by respondents. Supplementary questions were added to this tool to reflect the Evidence Review of Trauma Informed Practice in Northern Ireland that was completed by Queen's University Belfast in 2018 through the EITP Trauma Informed Practice Project.

## **Gathering and analysing the data**

During September and October 2019, participants on the EITP TIP Project's Be the Change Leadership Programme undertook an exercise in exploring, understanding and improving system change readiness in respect of the organisations they had been nominated to represent. Participants were invited to complete an online survey, designed to capture the key domains of trauma informed practice and to assess the strengths and areas for development which might be built upon or addressed as part of each organisation's journey. Participants were tasked with working in collaboration with relevant colleagues in their organisation to complete the survey.

Twenty four of the Leadership Programme participants completed a survey return. This represents a response rate of 75%. In completing this survey, participants demonstrated their openness to examining organisational culture, policies, procedures and practice and a willingness to challenge, be challenged and to change.

A full list of the organisations represented is shown in Appendix 1 while the following tables show the breakdown of responding organisations by sector and geographical location of their work.

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<sup>2</sup> Richardson, Coryn, Henry, Black-Pond, & Unrau (2010)

**Table 1: Respondents by sector**

<b>Sector</b>	<b>Number of Responses</b>
Health & Social Care	7
Education	3
Justice	4
VCS	6
Other	4
TOTAL	24

Health & Social Care (HSC) organisations have been amalgamated into one category given small numbers of respondents from this sector and integrated nature of many HSC organisations remits.

Organisations categorised as 'Other' are those which fall outside the five sectors of the EITP TIP Project. This category includes faith groups, housing organisations and local government.

**Table 2: Respondents by geographical location/area of work**

<b>Geographical Area</b>	<b>Number of Responses</b>
BHSCT	4
SHSCT	5
SEHSCT	4
WHSCT	2
NHSCT	4
All of NI	1 1
TOTAL	30*

\*Please note: total greater than 24 due to some organisations working in more than one Health & Social Care (HSC) Trust area.

The data generated by the TIP System Change Readiness Survey responses was analysed in the context of the EITP TIP Project aims and reflects the three key components of cross system trauma informed practice implementation identified by the QUB research (i.e. workforce development, trauma focused services and organisational change).

It must be stated that the relatively small size of this data set means that there are limitations to the analysis methods applied and the transferability of findings or

conclusions. It has not been possible, for example, to disaggregate the data in order to compare responses by a) sector and b) geography. To do so would have no statistical meaning and would also risk breaching anonymity of respondents.

This valuable exercise does, however, provide rich insights into organisational capacity for, understanding of and approaches to trauma informed practice in Northern Ireland. Many of the organisations represented on the Be the Change Leadership programme, who responded to the system change survey, have been making progress to implement ACE awareness and Trauma Informed Practice for some time. This will provide many other participating organisations who are at the beginning of their personal leadership journeys with a rich insight and inspiration into what is possible in terms of organisational transformation. The results of the system change survey will be discussed in the Findings chapter of this report with lessons for others set out in the Conclusions chapter.

## Findings

The findings from the survey responses are presented here under the three key components of cross system trauma informed practice implementation, i.e. workforce development, trauma focused services and organisational change.

A descriptor and key findings for each of the components, is highlighted below. The associated item responses are also included in table format and a more detailed exploration of findings follows for each section. For ease of analysis and visual presentation response options have been combined as follows:

- Not at all/a little true
- Somewhat true/ Mostly/completely true
- Don't know/not applicable

The full table with responses to each statement is contained in Appendix 2.

### 1. Workforce Development

Workforce development includes training for staff on the awareness of childhood adversity, how trauma presents within services through the application of a trauma lens and to ensure greater awareness of staff wellbeing and safety in the workplace. This training reflects on the extensive international and local research that exists and how we apply that research to practice. .

The findings from the survey suggest that staff in the majority of organisations already had some awareness of the ACEs research. However, fewer organisations felt staff were able to use the research and apply the learning from it to their own practice. Only a third of participants positively responded that all levels of staff within their organisations were able to access ACE/ Trauma Informed Practice training...

In terms of staff support, safety and wellbeing, the majority of organisations had not implemented a trauma informed practice training plan for managers or supervisors. Encouragingly, however, supervision in the majority of organisations did include ways to manage personal and professional stress.

The following table presents the findings (raw numbers) in relation to workforce development:

**Table 3: Responses to the statements on workforce development**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat /Mostly/completely true</b>	<b>Don't know/NA</b>
Staff within my organisation are aware of ACES research	9	14	1
Staff within my organisation are aware of how to apply learning from the ACES research	13	10	1
Staff at all levels are provided with a variety of training on trauma informed practice to suit their role in the organisation	17	7	0
Supervision at my organisation includes ways to manage personal and professional stress	9	15	0
Staff receive supervision from trauma informed supervisor	19	4	1

In relation to awareness levels of ACEs research, responses varied. The majority of organisations (14) indicated that it was either somewhat, mostly or completely true that staff were aware of ACEs research. However the study found that over one-third of responding organisations (9) indicated that there was still an opportunity increase the knowledge of ACEs research within their staff base.

Mixed responses were also recorded regarding the ability of staff to apply the learning from the ACEs research to their own work: 10 stated that it was somewhat true, mostly or completely true, whereas the majority (13) indicated that this statement was not at all or a little true.

There was less variation in relation to the provision of training on trauma informed practice. While just over a third of respondents (7) reported availability of role-related trauma informed practice for staff at all levels in their organisation, the majority of respondents (17) reported that this was not at all or only a little true.

There were varied responses in relation to staff safety and wellbeing. The majority of respondents (15) indicated that it was somewhat, mostly or completely true that supervision within their organisations included ways to manage personal and professional stress. However, a greater number of respondents (19) indicated that supervision was not received from a manager who was trauma informed.

## 2. Trauma Focused Services

Trauma focused services include screening and assessment as well as the use of evidence-based treatment.

The findings suggested that the majority of organisations were not using trauma informed assessments in their work. It is important to note that trauma specific screening or assessments have not been promoted or encouraged as part of the EITP TIP Project. Related issues are discussed in the final section of this report. Similarly, it did not seem to be the case that trauma informed safety plans were being used for children or adults in most organisations and the majority did not appear to have a continuum of trauma informed intervention available to their service users.

The following table presents the findings (raw numbers) in relation to trauma focused services:

**Table 4: Responses to the statements on trauma focused services**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/mostly/completely true</b>	<b>Don't know/NA</b>
Timely trauma informed assessment is available and accessible to children and/or adults served by my organisation	15	7	2
Trauma informed safety plans are written/available for each child and/or adult (i.e. triggers, behaviours when over-	18	4	2

stressed, strategies to lower stress, support people for child)			
A continuum of trauma informed intervention is available for children and/or adults served by my organisation	18	4	2

15 respondents indicated that there was no or little availability of timely trauma informed assessments in their respective organisations.

The majority of respondents (18) indicated that it was not at all or a little true that trauma informed safety plans were available for each child. The same number (18) indicated that it was not at all or a little true that trauma informed interventions were available to service users.

### 3. Organisational Change

As there are several components to organisational change, each one will be considered separately in this section, for ease of reading.

#### a) Leadership buy-in and strategic planning

Leadership buy-in and strategic planning includes levels of interest in becoming a trauma informed organisation, levels of skills and knowledge to do so as well as policies, procedures and structures to support the delivery of trauma informed practice within organisations.

In terms of these findings, there was significant interest from organisations in becoming trauma informed and indeed, the majority of organisations felt they have the skills and knowledge to do so. However, respondents also identified some gaps in terms of leadership buy-in, for example in relation to policy committing the organisation to trauma informed practices, structures such as protocols and guidelines to support the implementation of such practice and a lack of incorporation of the impact of trauma into decision making.

The following table presents the findings (raw numbers) in relation to leadership buy-in and strategic planning:

**Table 5: Responses to the statements on leadership buy in and strategic planning**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/mostly/ completely true</b>	<b>Don't know/NA</b>
My organisation /department is interested in developing a trauma informed culture	3	20	1
My organisation/department has the skills and knowledge to become trauma informed	8	16	0
Written policy is established committing to trauma informed practices	19	3	2
Understanding the impact of trauma is incorporated into daily decision-making practice in my organisation	15	9	0
There are structures in place to support consistent trauma informed responses to children and families across roles within the organisation (e.g. protocols, procedural guidelines)	19	4	1

It is clear from these findings that the majority of organisations were interested in developing a trauma informed culture, as 20 indicated that the statement relating to this was somewhat, mostly or completely true.

The majority of respondents (16) also reported that their organisations have the skills and knowledge to become trauma informed, though eight stated that is was not the case.

It appears that there is a gap in relation to the existence of written policy committing the organisation to trauma informed practices. The majority of respondents (19) indicated that it was not at all or a little true that such a policy exists.

The majority of respondents (15) indicated that daily decision making practice in their organisations is not influenced by an understanding of the impact of trauma, i.e. they reported that the associated statement was not at all or a little true.

According to the findings gaps also existed in terms of structures (e.g. protocols, procedural guidelines) being in place to support consistent trauma informed responses to children and families within organisations. The majority of respondents (19) indicated that this statement was either not all or a little true.

## **b) Collaboration**

Collaboration includes organisations having systems of communication in place with each other so that trauma informed decisions can be made. It also means organisations having a system in place to develop or sustain common trauma informed goals for children and/or families.

The data suggested variations in terms of the extent to which organisations collaborated with others to make trauma informed decisions. It also appears that even in those instances where communication systems are in place between agencies, these do not all extend to or include systems for collaboration between organisations in order to develop or sustain trauma informed goals for children and/or families.

The following table presents the findings (raw numbers) in relation to collaboration:

**Table 6: Responses to the statements on collaboration**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/mostly/ completely true</b>	<b>Don't know/ NA</b>
There is a system of communication in place with other organisations working with the child and/or adult for making trauma informed decisions about the child and/or family	11	11	2
The organisation has a system in place to develop/sustain common trauma informed goals for children/families with other organisations	18	5	1

Respondents were divided on the whether or not systems of communication were in place with other organisations for making trauma informed decisions about the child, adult or family. Almost half of respondents (11) indicated that the associated statement was not at all or a little true while another 11 indicated that the statement was somewhat, mostly or completely true.

Responses were more certain regarding having a system in place to collaborate with other organisations in order to develop or sustain common trauma informed goals for children/families with other organisations, as the majority of respondents (18) indicated that this was not the case.

**c) Physical environment**

The physical environment refers to the built environment, design and layout of the premises and the degree to which it is welcoming to both service users and staff.

The following table presents the findings (raw numbers) in relation to the physical environment:

**Table 7: Responses to the statements on the physical environment**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/mostly/ completely true</b>	<b>Don't know/NA</b>
The physical environment is welcoming for both service users and staff	6	18	0
There is a 'safe space' in our premises where service users can go to calm down or take a break	12	11	1

The majority of respondents (18) felt that the physical environment was welcoming for both service users and staff.

However, respondents were divided on the availability of a safe space for service users. Half (12) indicated that the associated statement was not at all true or a little true whereas 11 felt it was somewhat, mostly or completely true.

#### **d) Service user involvement**

Service user involvement includes the degree to which children, adults or families have the opportunity to voice their needs and raise concerns with service providers and whether or not a child's definition of emotional safety is included in safety plans.

The majority of respondents indicated that children, families and adults using their services were provided with opportunities to voice their needs and raise concerns whilst several organisations suggested there was capacity for improving opportunities for their service users to express their needs and concerns within their services. Less than half of the respondents (10) agreed that a child's definition of emotional safety was included in their care/treatment plans.

The following table presents the findings (raw numbers) in relation to service user involvement:

**Table 8: Responses to the statements on service user involvement**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/ mostly/completely true</b>	<b>Don't know/NA</b>
Families and children are given systematic opportunities to voice needs, concerns and experiences	10	13	1
A child's definition of emotional safety is included in care/treatment plans at my organisation	10	11	3

The findings suggest that opportunities for service user involvement appear to be quite varied in the organisations participating in this initiative. The majority of respondents (13) indicated that it was somewhat, mostly or completely true that families and children had opportunities to voice needs and raise concerns. However, 10 organisations indicated that this was not the case.

Similarly, almost half of respondents (11) indicated that it was somewhat, mostly or completely true that a child's definition of emotional safety is included in care/treatment plans at their organisations whereas 10 indicated that such a definition was not included.

### e) Monitoring and review

Monitoring and review refers to whether or not an organisation has a system in place to determine if trauma informed practice is actually being used. Almost all of the participating organisations indicated that this was not the case.

The following table presents the findings (raw numbers) in relation to monitoring and review:

**Table 9: Responses to the statement on monitoring and review**

<b>Statement/Response</b>	<b>Not at all/a little true</b>	<b>Somewhat/mostly/ completely true</b>	<b>Don't know/NA</b>
The organisation has a formal system for reviewing whether staff are using trauma informed practice	22	2	0

Almost all (22) respondents indicated that their organisation did not have a formal system for reviewing whether staff are using trauma informed practice.

## Summary of Key Findings

This section summarises the key findings on system change readiness as detailed in the Findings chapter of this report.

### Workforce Development:

Staff in the majority of organisations are aware to some degree of the ACEs research. However, fewer organisations were able to use the research and apply the learning from it to their own practice. Even less organisations had ensured that their staff have had training on trauma informed practice. The majority of organisations had not trained managers in trauma informed practice. Conversely, supervision in the majority of organisations did include ways to manage personal and professional stress.

### Trauma Focused Services:

The majority of organisations were not using trauma informed assessments in their work. Neither did not seem to be the case that trauma informed safety plans were being used for children or adults in most organisations and the majority did not appear to have a continuum of trauma informed intervention available to their service users.

### Organisational Change:

**Leadership buy-in and strategic planning:** There was significant interest from organisations in becoming trauma informed and the majority of organisations felt they have the skills and knowledge to do so. However, gaps in terms of leadership buy-in were also identified, e.g. in relation to policy committing the organisation to trauma informed practices, structures such as protocols and guidelines to support the implementation of such practice and a lack of incorporation of the impact of trauma into decision making.

**Collaboration:** The extent to which organisations collaborated with others to make trauma informed decisions varied. There was even less collaboration between organisations in order to develop or sustain trauma informed goals for children and/or families.

**Physical environment:** Generally the physical environment is welcoming to staff and service users. However, responses were more varied in terms of the provision of a 'safe space' for service users.

**Service user involvement:** The majority of respondents indicated that children and families did have opportunities to voice their needs and raise concerns, but several organisations indicated the opposite. Even more mixed responses were recorded regarding a child's definition of emotional safety.

**Monitoring and review:** Almost all of the participating organisations indicated that there was no system in place to determine whether or not trauma informed practice is actually being used.

## Conclusions

This section of the report aims to do the following:

- Highlight areas of strength and development across the participating organisations in terms of systems change
- Draw out the learning from these findings to support continued activity by participating organisations and others beginning a journey towards trauma informed practice

## Strengths and Areas for Development

In order to differentiate between areas of strength and areas for development the following definitions used for analysis:

Strengths are defined as those components for which an item response of 'mostly true' or 'completely true' was given to each statement.

Areas for development are components for which a response of 'not at all true', 'a little true', 'somewhat true' or 'don't know' was given to each statement.

For the purposes of regionalising applicable insights from this report, a threshold of 51% of organisations has been applied to each of these categories (i.e. for a component to qualify as being an area of strength 51% or more of the total organisations needed to indicate that the associated statement is mostly or completely true and vice versa to identify areas for development).

Applying this threshold measurement revealed **one core area of strength which was organisational interest in developing trauma informed culture** (part of the organisational change - leadership buy-in and strategic planning - component). It seems reasonable to conclude that at such an early stage in this process, workforce and service development would be the elements of system change readiness in most need of development. However, some other areas did come close to the strengths threshold of 51% (i.e. the physical environment which had a score of 50% and families having systematic opportunities to voice concerns which had a score of 47%).

## Issues to Note and Explore

The first step in any process of system change is a desire and willingness to embrace the potential for things to be done differently, with better outcomes, however challenging that might be to the status quo. Without this human interest, the volume of workforce development and service improvement investments from the EITP TIP Project or other sources may amount to very little. For the small number of respondents who indicated that this interest might not yet have translated into commitment for cultural change, it is hoped that their journey on the Be the Change leadership will support them in their role as influencers and champions for embedding trauma informed practice at a strategic level within their organisation. Continuing the review of progress and support needs, which was ongoing throughout the EITP Trauma Informed Practice Project, would be a valuable exercise.

All of the organisations who participated in the 'Be the Change' leadership programme and who completed survey returns from this study have 'found their brave' and demonstrated the power of leading through vulnerability and in doing so, smoothed the paths for others to follow. It seems evident that some form of **roundtable or forum might support continued and future engagement in this area of work.** The CO3 'Leading Through Change' quarterly forum event for Chief Executives in the Third Sector might provide a useful template in creating a safe space for leaders to share challenges and difficult experiences associated with system change.

The EITP TIP Project has contributed to greater levels of relevant knowledge and applicable skills for trauma informed practice and could continue to do so by project extension or legacy. Key to this will be **benchmarking the quality of TIP training and/or competencies for practice.** Some reflective consideration might be given to the mixed findings on the availability of role-related trauma informed practice training for all staff. It may be the case that respondents have not included or accounted for relevant but non-trauma specific training or that only those in leadership positions or very specialised disciplines have benefited to date from the EITP TIP investment in training. **Future roll-out of training should consider engagement of all levels and disciplines of staff within an organisation.**

The EITP TIP Project has acknowledged that training alone is not enough to effect practice change. Application of knowledge and skills requires confidence, leadership support and enabling environments. **Applying an implementation lens** will be important in ensuring a return on the EITP TIP training investment and considerations should include ongoing practitioner support and supervision.

Two areas of findings which bordered on the threshold of core strengths included the availability of safe spaces in the **physical environment** of service delivery and **user involvement**, the voice afforded to children in families in influencing what service they receive and how. **Capacity for continued growth and change in these areas should be harnessed** and the learning shared across systems.

The rationale for not supporting ACEs screening as part of the EITP TIP Project is clear in its concerns around quantifying rather than understanding the impact of adversities, creating unnecessary thresholds for support and the potential for re-traumatisation or stigma. Project guidance to participants has instead focused on embedding an understanding of what has happened to presenting individuals or families within current assessment protocols. Results of this small study show that the review of those current protocols requires further exploration as a key part of organisational commitment to **improve trauma-informed policy and procedures**.

While much of the work of the EITP TIP Project has focused on workforce development including training, supervision and self-care, **a focus on policy and administration is needed** to provide frameworks which take the weight of trauma informed practice and which can act as enablers for change beyond individual agencies. Findings from this report show that respondents, in the majority, report gaps both in policy, to guide practice, and in systems which could monitor and review implementation and impact. The sustainability of trauma informed practice will be dependent upon enabling contexts of **commitment to service improvement, grounded on good governance and a strategic focus on outcomes**.

Fundamentally, trauma informed practice is about relationships. It is notable that the areas in which findings demonstrate the greatest need for development are those which relate to working collaboratively, involving service users and providing continuum of care. Understandably, findings suggest an 'internal' organisational focus at this stage of their trauma informed practice journey. Attention to **cross-system communication and collaboration** will be key to ensuring socially significant outcomes for children and adults who access support services.

The momentum around trauma informed practice provides a real opportunity for person-centre and person-led system change. Since 2015 there has been a statutory duty to cooperate in Northern Ireland (The Children's Services Cooperation Bill, 2015). **Developing a framework for collaborative trauma informed practice** may give this legislation more impetus and encourage agencies to work together in a way which engages children, young people and families in the long term and which has potential for socially significant outcomes.

## **Appendix 1**

### **Organisations represented in the survey**

Action for Children NI  
Armagh City, Banbridge & Craigavon Borough Council  
Barnardo's NI  
Belfast Health and Social Care Trust  
Business Services Organisation  
Church of Ireland  
Controlled Schools' Support Council  
Department of Education  
Diocese of Down and Connor  
Education Authority  
Extern  
Include Youth  
Northern Health and Social Care Trust  
NIACRO  
NIGALA  
Northern Ireland Prison Service  
Northern Ireland Housing Executive  
NSPCC  
Probation Board for Northern Ireland  
Presbyterian Church in Ireland  
Police Service for Northern Ireland  
Southern Health and Social Care Trust  
Western Health and Social Care Trust  
Youth Justice Agency

## Appendix 2: System Change – Responses

The following table summarises the numbers of responses to each statement by option

Item No.		Not at all true	A little true	Somewhat true	Mostly true	Completely true	Don't Know	N/A
<b>The following statements are about knowledge of ACES</b>								
1	Staff within my organisation are aware of ACES research	2	7	6	5	3	1	0
2	Staff within my organisation are aware of how to apply learning from the ACES research	4	9	6	3	1	1	0
<b>The following statements are about leadership buy-in and strategic planning</b>								
3	My organisation /department is interested in developing a trauma informed culture	0	3	4	5	11	1	0
4	My organisation/department has the skills and knowledge to become trauma informed	2	6	6	8	2	0	0
5	Written policy is established committing to trauma informed practices	14	5	2	1	0	2	0
6	Understanding the impact of trauma is incorporated into daily decision-making practice in my organisation	4	11	7	1	1	0	0
7	There are structures in place to support consistent trauma informed responses to children and families across roles within the organisation (e.g. protocols, procedural guidelines)	12	7	1	2	1	1	0
<b>The following statements are about workforce development in terms of a) training and b) staff safety and well-being</b>								
8	Staff at all levels are provided with a variety of training on trauma informed practice to suit	8	9	5	0	2	0	0

	their role in the organisation							
9	Supervision at my organisation includes ways to manage personal and professional stress	2	7	8	4	3	0	0
10	Staff receive supervision from trauma informed supervisor	14	5	2	0	2	1	0
<b>The following statements are about trauma focused services in terms of a) screening and assessment and b) evidence based treatment</b>								
11	Timely trauma informed assessment is available and accessible to children and/or adults served by my organisation	8	7	6	0	1	2	0
12	Trauma informed safety plans are written/available for each child and/or adult (i.e. triggers, behaviours when over-stressed, strategies to lower stress, support people for child)	11	7	3	1	0	2	0
13	A continuum of trauma informed intervention is available for children and/or adults served by my organisation	11	7	2	1	1	2	0
<b>The following statements are about collaboration</b>								
14	There is a system of communication in place with other organisations working with the child and/or adult for making trauma informed decisions about the child and/or family	4	7	7	2	2	2	0
15	The organisation has a system in place to develop/sustain common trauma informed goals for children/families with other organisations	9	9	4	1	0	1	0
<b>The following statements are about the physical environment</b>								
16	The physical environment is welcoming for both	0	6	6	7	5	0	0

	service users and staff							
17	There is a 'safe space' in our premises where service users can go to calm down or take a break	4	8	4	2	5	1	0
<b>The following statements are about service user involvement</b>								
18	Families and children are given systematic opportunities to voice needs, concerns and experiences	3	7	2	7	4	0	1
19	A child's definition of emotional safety is included in care/treatment plans at my organisation	6	4	6	5	0	1	2
<b>The following statement is are about monitoring and Review</b>								
20	The organisation has a formal system for reviewing whether staff are using trauma informed practice	18	4	0	2	0	0	0