
DEVELOPING TRAUMA INFORMED SYSTEMS IN NORTHERN IRELAND

A Review of Organisations' Experiences of Implementing a Trauma
Informed Approach using an External Assessment



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Terms

Northern Ireland is a region in the United Kingdom with a devolved government ('the Northern Ireland Executive') and legislature ('the Northern Ireland Assembly'). The other parts of the United Kingdom are Scotland, Wales and England, which are separated from Northern Ireland geographically by the Irish Sea and are collectively known as Great Britain.

The term *the Troubles/Conflict* is used to refer to a period of ethno-political conflict in Northern Ireland, which began in the late 1960s and is usually regarded as formally ending with the Belfast/Good Friday Agreement in 1998.

The term *service user* is used throughout and interchangeably with *client* or *patient*. These were the terms used by participants in their organisations when referring to all people who come in to contact with or receive their services but can also refer to people who can be known by a wider range of terms including: service recipient, stakeholder, pupil, student, family, carer and many others. Use of this term in an all-encompassing way can ensure the document is relatable across sectors (SBNI, 2024).

The term *Trauma Informed Approach (TIA)* has been used throughout in this report to include both Trauma Informed Practice (TIP) and Trauma Informed Care (TIC) as an inclusive term for all organisations (Mooney et al., 2024).

The term *organisational trauma* often refers to how an organisation, system, or team can become unhealthy and traumatised, and how an organisation, system, or team can create trauma for the people who work there and the people it serves, through organisational adverse experiences (Treisman, 2021).

In this review, *expertise* is used inclusively to refer to the experience and knowledge that people, including practitioners, professionals, academics and those with lived experience, can contribute to the development of a trauma informed approach in Northern Ireland.

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Introduction

This report provides a detailed overview of an organisational review commissioned by the *Safeguarding Board for Northern Ireland* (SBNi), to explore organisations' experiences of implementing an organisational Trauma Informed Approach (TIA) using an external assessment. The two external assessment processes piloted were developed by 'One Small Thing' and 'Trauma Informed Oregon', to support organisations with the assessment, evaluation and monitoring of a TIA.

In 2023–24, the SBNi provided funding for five organisations who self-selected to participate in an external assessment process for the implementation of a TIA, with the aim of learning about organisational experiences and informing future developments. The organisations included: *Victims and Survivors Service* (VSS) and *North West Youth Services* (NWYS), who engaged with 'One Small Thing'; and *Probation Board for Northern Ireland* (PBNi), *Southern Health and Social Care Trust* (SHSCT), and *Youth Justice Agency* (YJA), who engaged with 'Trauma Informed Oregon'. The pilots and subsequent review were envisioned to assist the SBNi to target its work more effectively, in supporting the use of an external assessment for the implementation of an organisational TIA across the region.

The report provides a comprehensive outline of the context for the review and the methodology, followed by the findings, and a dedicated section on mapping the process. The report concludes with recommendations to support a Northern Ireland organisational approach to tracking the implementation of a TIA in all sectors across the region.

Defining Trauma

Trauma relates to an experience or series of experiences, which involve threat to life or bodily integrity and thus are too overwhelming for the mind to process in the moment they occur, creating neurobiological, psychological, and social impacts upon the person (Herman, 2022). Trauma might be experienced as a single incident, the sudden blow of an event, or as repeated exposure to living in contexts of threat or violence (Terr, 1991). Seminal research has suggested that cumulative, significant life stresses can elicit reactions akin to those of post-traumatic stress, where they overwhelm our capacity to cope (McFarlane & De Girolamo, 1996, in van der Kolk, McFarlane & Weisaeth, 1996). Central to any understanding of trauma is the subjective experience of the person; ultimately traumatic experiences shatter our fundamental human need for a "sense of control, connection and meaning" in life (Herman, 2015, p. 35). There is an array of life events that can be experienced as traumatic, and experiences of trauma also shape our responses to a range of life events across the life course.

Trauma is enacted between people in relationships, institutions, communities and societies. Experiences of trauma in childhood have profound consequences for the developing child, young person and adult; the child's adaptations to the trauma they experience unfold across the life course. Relational trauma, whereby trauma is enacted by a person/people who have a pre-existing relationship with the child, is particularly deleterious because it involves such adverse breaches of trust (Herman, 2022; Sinason, 2020; Terr, 1991). Collective trauma pertains to trauma experienced by whole communities or societies, for example during and in the aftermath of political conflict or war (Hirschberger, 2018). Transgenerational trauma relates to the effects of trauma projected into younger generations who never experienced the original trauma, for instance when a parent has been traumatised and their child feels/experiences the psychological consequences thereof (Danieli, Brom and Sills, 2005; Danieli, 2005).

Adverse Childhood Experiences (ACEs) (Felitti et al., 1998; Finkelhor et al., 2015) relate to a specific set of experiences in childhood, which cumulatively, in the absence of appropriate early interventions, can affect development throughout the life course, including physical health, mental health, education and employment (Bilsen, 2018; Lynch et al., 2024b; Patel, 2007; Pearce et al., 2019; WHO, 2022). The effects of ACEs can be mitigated against with early, appropriate, interventions for the child and family system. In Northern Ireland, as a post-conflict

society, there are manifold effects of trauma impacting upon children, young people and their families, pertaining to relational trauma, ACEs, collective trauma and transgenerational trauma (Downes et al., 2012; Long, 2021; Long, 2022; McLafferty et al., 2018). Indeed, the recently launched ACEs prevalence study in Northern Ireland, conducted with 1200 adults aged 18+, reported that 60% or three in five adults have experienced at least one ACE, and 17.6% (approximately one in six adults) have experienced more than four ACEs (Walsh et al., 2025). Trauma is a significant issue in Northern Ireland society.

A Trauma Informed Approach

Given that trauma is enacted in relationships, safe and authentic relational connection is key to healing or recovery (Herman, 2022). Due to the pervasiveness of trauma experiences and the enduring effects thereof across the life course, a TIA is increasingly recognised to be central to supporting people at all stages of life, living with the effects of trauma (Menschner & Maul, 2016). The five main reactions to trauma include fight, flight, freeze, fawn and flop, all of which are basic survival mechanisms in the face of threat to life or bodily integrity (Herman, 2022; Sinason, 2020). People who have experienced cumulative trauma will often typically experience one or more of these reactions when they encounter situations in life that are reminiscent of past traumas (van der Kolk, McFarlane & Weisaeth, 1996). These reactions render engagement with a range of services, including but not limited to health and social care, education and criminal justice, particularly challenging for victims and survivors of trauma who can be re-traumatised in the systems designed to support and protect them (Berliner and Kolko, 2016; Long, 2022; Lynch et al., 2024a). An organisational TIA involves a principle-based culture of awareness that many people in society have experienced trauma, including the organisation's workforce, and thus are vulnerable to its effects throughout their lives (SAMHSA, 2014). With dedicated training, staff in all roles develop the capacity to employ a TIA in their work to ensure that victims and survivors of trauma can engage with services, and/or remain gainfully employed within services, to ultimately have the best opportunities to fulfil their potential in life (SAMHSA, 2014).

According to NHS Education for Scotland (2017), a trauma informed workforce:

“supports the recovery of those affected by trauma by providing them with a different experience of relationships, one in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than betrayal. *Each encounter provides an opportunity to reverse the association between trauma and relationships, and is an important part of recovery [emphasis added]*” (p. 12).

An organisational TIA involves a whole system approach:

“[which] brings focus to organisational change processes aimed at integrating trauma informed principles across various levels of the system to create environments, policies and workforce practices designed to build collaborative relationships to promote recovery and prevent re-traumatisation” (Bunting et al., 2019, p. 12).

This review focused on organisations' experiences of implementing a TIA, using an external assessment process.

The SBNI and Strategic Context

The SBNI is a partnership organisation consisting of the key statutory bodies, major voluntary agencies and appointed independent persons that manage, operate and resource the safeguarding and child protection system in Northern Ireland. It was set up under the [Safeguarding Board Act \(Northern Ireland\) 2011](#) and is the statutory body responsible for

coordinating and ensuring the effectiveness of its member agencies for the purpose of safeguarding and promoting the welfare of children and young people in Northern Ireland. The SBNI operates through a series of [committees and panels](#). Further detail on [member organisations](#), functions and procedures can be found on the [SBNI website](#).

Since 2017, the SBNI has been leading work to support its member agencies and other related bodies to:

- Raise awareness of Adverse Childhood Experiences (ACEs), which can cause trauma in a child's life
- Highlight the potential impact of adversity and trauma on development across the lifespan
- Amplify how positive relationships promote resilience and recovery
- Be able to embed a TIA in their work.

The Trauma Informed Practice (TIP) team at the SBNI was initially funded through the Early Intervention Transformation Programme. This funding ended in 2021 and currently, in addition to core SBNI funding, the TIP work is supported by the Cross-Executive Programme on Paramilitary and Organised Crime.

The SBNI Strategic Plan 2022–2026 sets the direction whereby the SBNI commits to building on its work and embedding an organisational TIA to underpin all of its work to safeguard children and young people. The implementation managers' work is overseen by the SBNI TIP Committee, which will continue to support member and partner agencies to embed a TIA, building on existing knowledge of adversity, trauma and resilience. Examples of recent work have included the development of an organisational [Trauma Informed Toolkit](#); the updating of the universally available [awareness-raising training modules](#); organising a regional conference, [Systems to Support our People: Embedding a Trauma Informed Approach](#); commissioning [implementation research in 2018 and 2024](#); as well as the pilots, the subject of this review.

Developing a TIA in Northern Ireland

Defining a TIA can help promote consistency of language, to support and shape the direction of the work.

This process has involved collaboration at a regional level with key stakeholders across all sectors, engaged in understanding and addressing the impacts of trauma in Northern Ireland. The Northern Ireland Executive Programme for Government 2024–27 acknowledges “the levels of trauma in our post-conflict society” and further states, “we will work across the Executive to embed trauma-informed, responsive systems” (p. 48).

A TIA is where everyone involved:

- Realises the prevalence of ACEs and the potential impact of adversity and trauma across the lifespan.
- Recognises the signs and symptoms of trauma in children, young people, adults, families, communities and the workforce.
- Responds to the impact of traumatic stress on those who have contact with the system, integrating knowledge about adversity, trauma and resilience into policies, procedures and practices.
- Resists re-traumatising the people using services as well as the workforce.

A TIA involves a principle-based culture of awareness of, and sensitivity to, the fact that many people in society have experienced trauma, including the organisation's workforce, and thus are vulnerable to its effects throughout their lives (SAMHSA, 2014).

This work emphasises the importance of embedding the trauma informed principles of safety, trustworthiness, choice, empowerment, collaboration, and inclusion (adapted from Harris & Fallot and GOV.UK) into interactions and engagement across our organisations.

“It is an organisational transformation process which requires systemic culture change and ongoing work at all levels” (Mooney et al., 2024, p 10).

Those operating within a trauma informed system will infuse trauma awareness, knowledge, and skills into their organisational cultures, practices, and policies. They will also act in collaboration with all those who are involved with an individual using the best available science to facilitate and support the recovery and resilience of the child, adult and family.

Implementing a TIA using an External Assessment

Two Pilots: ‘Trauma Informed Oregon’ and ‘One Small Thing’

The use of an external assessment process can support the implementation of an organisational TIA. The two providers piloted to inform this review were ‘Trauma Informed Oregon’ and ‘One Small Thing.’ Further information about both providers is detailed below.

Trauma Informed Oregon

Trauma Informed Oregon (TIO) is an international leader in trauma informed practice, supporting organisational change. TIO is a collaboration between *Portland State University*, public and private partners, individuals with lived experience, youth and family members that are committed to creating and sustaining a trauma informed system of care in Oregon.

The *Trauma Informed Care (TIC) Implementation Tool* was created by the Human Services Implementation Lab at Portland State University and TIO to assist organisations, systems, and agencies in implementing trauma informed practice and tracking their progress. The *TIC Implementation Tool* was developed in response to a growing demand from organisations seeking to evaluate their alignment with trauma informed care/practice and monitor their progress. The tool itself is based on TIO’s ten years of consultation, the standards of practice, training in the field, and the same key principles and domains from SAMHSA that SBNI has adapted for use in their resources.

TIO provide free self-assessment resources and paid external assessment services. The paid assessments have different tiers and can include staff and service user surveys. The staff survey is tailored to the organisation, followed by key informant interviews and then a document request/policy review, typically identified at key informant interviews. When the I-Lab collation of organisational data is complete for the Implementation Report, they typically schedule a preliminary discussion with the organisation to review the format of the report and discuss any issues related to particular scores. The purpose of this report is to reflect the level of implementation accurately and to provide suggestions for next steps toward TIP implementation. This feedback is considered most helpful in a group discussion format using the report as a guide. The high-level assessment includes consultation time with staff from TIO.

Table 1: Summary of External Assessment — TIO

Trauma Informed Oregon (TIO)			
Location: USA-based (Oregon)			
TIO created an Implementation Tool in 2022 in conjunction with the Human Services Implementation Lab (I-Lab) at Portland State University's Regional Research Institute. It is designed to assist organisations, systems, and agencies in implementing trauma informed care and tracking their progress. Organisations receive a report with findings, recommendations and a score from 1–5, related to five key elements.			
Costs and Processes			
Various levels of fee-paying options and free self-assessment options are available. Organisations can contact TIO to conduct a full implementation assessment (Option 1). Part assessment options are available at a lesser cost. Review assessments are also available.			
Option 1*	Option 2	Option 3	Option 4
<ol style="list-style-type: none"> 1. A launch meeting with leadership and the I-Lab 2. An in-person or virtual site visit to observe the physical environment 3. Interviews with 2–4 key staff members 4. A customized all-staff web survey and written survey report 5. Collection of consumer input 6. Document review 7. Generation of preliminary assessment scores and recommendations 8. A facilitated review to finalise the preliminary scores with site leadership 9. A final written comprehensive report that can be used for planning purposes 10. A warm hand-off to TIO 	An all-staff web survey, which can provide customised response options to match the departments, staffing and terminology used	A facilitated self-assessment	An online self-assessment
Timeframes			
<p>Option 1 includes staff experiences contained within the survey being collated and analysed anonymously via a software platform, which is linked to documenting of the final scores. A report is then produced, which includes an overall score and recommendations to help to identify shared goals, actions, and vision for the future embedding of a trauma informed approach.</p> <p>A full external assessment can be expected to take four to six months.</p>			
Size of Organisation			
Promoted as suitable for organisations of all sizes			
Support Provided			
Support available at scheduled meetings throughout the process			

*Organisations participating in this review all participated in the full external assessment process, which included a staff survey. A site visit of the physical environment was not part of the assessment for participating organisations.

One Small Thing

One Small Thing's (OST) vision is a justice system that can recognise, understand, and respond to trauma: "We want a compassionate system that recognises the vicious cycle of trauma and disadvantage at the root of justice involvement and allows people to recover from trauma and thrive" (OST, 2024).

Among many of the services they offer, the *Working with Trauma Quality Mark* provides best practice standards for trauma-informed working. This tool is reported as being both practical and accessible, supporting organisational review, which can facilitate opportunities for developing an evidence-based TIA throughout their organisation. OST provides free workshops to help interested individuals understand the *Working with Trauma Quality Mark*.

The *Working with Trauma Quality Mark* acknowledges organisations that can demonstrate they adhere to a comprehensive, accessible, and supportive set of standards for trauma-informed practice. It was created in collaboration with Dr. Alexandria Bradley from *Leeds Beckett University* and peer-reviewed by critical partners at *The Nelson Trust* and Tina Vink from *Together Women*. The mark was developed through an in-depth review of global standards, principles, and values related to trauma-informed approaches.

The three awards are (OST, 2024):

- **Bronze:** Trauma Aware. An understanding and awareness of trauma and its impact and organisational plans are in place ready to implement trauma informed practice.
- **Silver:** Trauma Informed. Trauma informed working is implemented across the culture, practice and environment of the organisation and individual needs and well-being are prioritised.
- **Gold:** Trauma Responsive. Extensive and embedded trauma informed working practices. The organisation prioritises user voice in strategic decision-making and is a centre of excellence.

The *Working with Trauma Quality Mark* is designed to assess a single service or project but OST also offer assessment to larger organisations that have multiple sites, or cover a large geographical area/different regions, and/or have a staff team of more than 30. In these cases, they will discuss how the Quality Mark can be applied to an area of the organisation. The organisation is required to produce and submit a written portfolio of evidence within a three-month timeframe, to be assessed externally by OST.

Table 2: Summary of External Assessment — OST

One Small Thing (OST)
Location: UK-based (London and Southampton)
<p>The Working with Trauma Quality Mark is a set of best practice standards for trauma informed working.</p> <p>If successful, organisations are awarded one of:</p> <ul style="list-style-type: none"> • the Bronze Award (Trauma Aware Award) • the Silver Award (Trauma Informed Award) • the Gold Award (Trauma Responsive Award) <p>Awards remain valid for three years.</p>
Costs and Processes
<p>Fee required according to the organisation's budget category.</p> <p>Organisations or services pay a fee to OST for the Working with Trauma Quality Mark.</p> <p>The organisation identifies a lead who coordinates the gathering of data and the numerous multipart written submissions required from different members of the team.</p> <p>Following submission of documentation, which includes case studies, testimonies, policy review etc., an onsite visit of the physical environment will also occur.</p> <p>Following a process of assessment and moderation of evidence by a team of assessors, the organisation or service is awarded the Quality Mark.</p>
Timeframes
<ol style="list-style-type: none"> 1. Organisations attend an online information workshop 2. Organisations complete a self-assessment questionnaire to determine which level of award they are completing 3. Organisations submit an application for the agreed level of Quality Mark 4. Organisations gather the required evidence and submit a Portfolio of Evidence within 3 months of an agreed date
Size of Organisation
<p>The Quality Mark has been promoted as suitable for organisations/teams of up to 30 employees. If an organisation has multiple sites, covers a large geographical area/different regions, and/or has a staff team of more than 30, OST will discuss and agree with the individual organisation how the Quality Mark can be applied to an area of the organisation.</p>
Support Provided
Support available at scheduled meetings throughout the process

The Current Study

In 2023/24, when the SBNI supported five organisations to participate in the pilot external assessment with either OST or TIO, it aimed to commission a subsequent independent review of the pilots by a university research team. The pilots and subsequent review were envisioned to assist the SBNI to target its work more effectively in relation to use of an external assessment for the implementation of an organisational TIA across the region. The following organisations self-selected to participate in the external assessment process: *Victims and Survivors Service (VSS)* and *North West Youth Services (NWYS)*, who engaged with OST; and the *Probation Board for Northern Ireland (PBNi)*, three directorates in the *Southern Health and Social Care Trust (SHSCT)*, and the *Youth Justice Agency (YJA)*, who engaged with TIO.

In September 2024, the SBNI commissioned Ulster University, Centre for Communication, Media and Cultural Studies, to conduct this review of the organisations' experiences of the pilots, OST and TIO. The project team comprised Dr Maggie Long (Principal Investigator) and Dr Louise Lynch (Research Assistant).

Developing and tracking the implementation of an organisational TIA is critical to the functioning of Northern Ireland society and its social systems including families and communities, education, health and social care, employment, and criminal justice. At the time of writing, other organisations in Northern Ireland, such as the Public Health Agency, have commenced work with an external assessment process for the implementation of an organisational TIA.

The timing of this review is particularly pertinent given the long-term priority to build a trauma informed public sector in the Northern Ireland Executive Programme for Government 2024–2027. It will also support the implementation of a range of Executive strategies including the Mental Health Strategy 2021–2031 (Department of Health, 2021), the Domestic and Sexual Abuse Strategy 2024–2031 (Department of Health and Department of Justice, 2024), and the Ending Violence Against Women and Girls (EVAWG) Strategic Framework (Northern Ireland Executive, 2023). Thus, the timing of this review and report has been delivered at an opportune moment to intervene and influence the integration of an organisational TIA across sectors throughout the region.

Aim and Objectives of the Current Study

Aim

To conduct an organisational review to establish and identify best practice in reviewing, developing and tracking the progress of organisations implementing a TIA using an external assessment process.

Objectives

1. To provide a review of two external assessment pilots on the implementation of an organisational TIA: OST with the VSS and NWYS; and TIO with PBNi, SHSCT, and YJA.
2. To identify barriers and enablers of the two pilots, in order to facilitate the tailored implementation of an organisational TIA across stakeholder organisations.
3. To provide recommendations, based on the review of pilots, to support a Northern Ireland organisational approach to tracking the development of a TIA across the SBNI member agencies and partners, across Health and Social Care, Justice, Education, Community and Voluntary sectors, and the commissioning of services.
4. To produce a report that includes a summary and interpretation of the findings, referring to strengths and weaknesses of the pilots in a Northern Ireland context for service improvement, and to inform an organisational standardised process for tracking the implementation of a TIA in Northern Ireland.

Methodology Overview

Design of the Current Study

A qualitative methodology was employed to review the participating organisations' experiences of engaging with the external assessment process. The use of a qualitative approach was central to understanding the barriers and enablers of the pilots, the processes that teams experienced, and the real-world impact of engaging in the process of implementing an organisational TIA. A qualitative approach is recognised to provide in-depth insights into the complexity of participants' subjective experiences (Braun & Clarke, 2022). Using a qualitative approach facilitated an in-depth exploration of the lived experiences of staff on implementation teams and other staff who had observed and experienced the process of implementing an organisational TIA using an external assessment. A TIA underpinned the review process, prioritising a relational approach to data gathering and analysis, and participant comfort and agency in the process. Employing this approach means that data is collected in partnership with participants, building trust and rapport with participants is prioritised, and confidentiality is guaranteed, with the exception of safeguarding concerns.

Recruitment and the Participating Organisations

Participating Organisations

Five organisations engaged with the external assessment process; however, at the time of the review, one of those organisations was still in the early stages of the pilot process and thus was unable to participate in the review. Information on participating organisations is in Table 3.

Table 3: Participating Organisation Details

Probation Board for Northern Ireland (PBNI)	PBNI is a Non-Departmental Public Body of the Department of Justice with responsibility for assessing and supervising offenders in custody and in the community, including the delivery of behavioural change programmes and supervising community service. The Probation Board for Northern Ireland provides services across Northern Ireland employing more than 400 people. Just over half of Probation staff are Probation Officers based in 19 offices across Northern Ireland and in the three NI prisons.
Southern Health and Social Care Trust (SHSCT)	SHSCT provides Health and Social Care for the council areas of Armagh City, Banbridge and Craigavon; parts of Newry, Mourne and Down, and Mid-Ulster District. According to the 2023/24 Annual Report, the population of the Trust area is 391,796 and the Trust employs 15,797 staff. The external assessment with SHSCT was not a whole organisation assessment. Three directorates had the opportunity to participate: Children and Young People, Mental Health and Disability, and Adult Community Services.
Victims and Survivors Service (VSS)	VSS delivers support and services to improve the health and wellbeing of victims and survivors. As an organisation, VSS employs 54 members of staff across their Teams in Health and Wellbeing, Corporate Services, and Service Development. VSS have 47 community and voluntary partners to deliver support to victims and survivors in their own communities across Northern Ireland.
Youth Justice Agency (YJA)	YJA is an Executive Agency launched in 2003, which aims to make communities safer by helping children to stop offending. The Agency works with children aged 10–17 years who have offended or are at serious risk of offending. The YJA provides a range of services, often delivered in partnership with other agencies, to help children to address their offending behaviour, divert them from crime, assist their integration into the community, and to meet the needs of victims of crime. YJA has a staff team of just over 200 people who deliver a range of community-based services through five Area Teams located across NI, in addition to the sole regional custodial facility for children and young people in NI, Woodlands Juvenile Justice Centre (JJC).

Organisation Timescales in the External Assessment Process

Organisations reported engaging with the pilots at different times between 2023–24, with some still engaged during this review. While the duration of this process for organisations varied, depending on organisational size and pilot, the typical timeframe of external assessments by TIO was approximately four to six months, and three months for OST. An overview of each organisation’s timeframes is provided in Table 4.

Table 4: Organisational Timescales

Name	Pilot	Pilot Confirmation	Began process	Received report (TIO)/award (OST)
PBNI	TIO	April 2023	June 2023	February 2024
SHSCT	TIO	April 2023	June 2023	August 2024
VSS	OST	April 2023	Dec 2023	June 2024
YJA	TIO	April 2023	June 2023	February 2024

Participants

Participants included people aged over 18 years who worked professionally in the participating organisations. Recruitment was carried out directly with the participating organisations. A combination of purposive and snowball sampling was used to recruit participants (Flick, 2018; Naderifar, Goli & Ghaljaie, 2017). Participants who experienced satisfaction with their participation in the review process, subsequently recommended colleagues to take part.

Participants included staff members who worked on or led teams in the implementation of an organisational TIA in their organisations, termed 'Implementation Staff' in this report. It is important to note that those who worked on the TIA implementation process were not in dedicated roles but that this work involved additional responsibilities to their existing roles. Staff members who were not in lead implementation roles, but who were interested and engaged through the organisation's participation in the pilot, were also recruited, termed 'Non-implementation Staff' for the purposes of this report. Participants included staff in roles with practice-based backgrounds such as social work, youth justice, probation, and psychology, as well as staff in Professional, Technical and Operational (PTO) roles such as management, finance, and administration. The final sample comprised 12 participants in total. Data was collected during November and December 2024 (Table 5).

Table 5: Participants

Implementation Participants (n=6)	Organisation	Service Users	Sector	Data Collection Tool
Participant 1	YJA	Children	Justice	1-1 Interview
Participant 2	PBNI	Adults	Justice	1-1 Interview
Participant 3	VSS	Adults	Community/Voluntary	1-1 Interview
Participant 4	VSS	Adults	Community/Voluntary	1-1 Interview
Participant 5	SHSCT	Both	Health	1-1 Interview
Participant 6	SHSCT	Both	Health	1-1 Interview
Non-Implementation Participants (n=6)	Organisation	Service Users	Sector	Data Collection Tool
Participant 7	VSS	Adults	Community/Voluntary	1-1 Interview Dyad Interview
Participant 8	VSS	Adults	Community/Voluntary	Dyad Interview
Participant 9	YJA	Children	Justice	1-1 Interview
Participant 10	YJA	Children	Justice	Dyad Interview
Participant 11	YJA	Children	Justice	Dyad Interview
Participant 12	PBNI	Adults	Justice	1-1 Interview

Procedures

TIA implementation staff were contacted initially in partnership with the SBNI for an introduction to the project team and the review. A Participant Information Sheet (PIS) was emailed to potential participants by the Research Assistant (LL). Those who agreed to participate provided written and informed consent via email. Participants then organised a suitable time for data collection via MS Teams directly with the Research Assistant. Participants met with the researcher online who explained the process and confirmed consent verbally. Interviews were digitally

recorded and lasted between 40 minutes and 1 hr 20 minutes. Participants were debriefed and thanked for their participation. Overall, participants reported positive experiences of participation in this review.

Data Collection

Semi-structured interviews were conducted online with participants. This method was the most appropriate method to facilitate in-depth discussion about their professional experiences. Initially, focus groups were organised but due to scheduling, there was a move to online where participants were offered a focus group or interview. The majority of participants took part in one-to-one online interviews via MS Teams. This proved to be the most beneficial approach to facilitate exploration of their experiences because it reduced logistical and time barriers, allowing for increased interview time and supporting participants to voice different aspects of the process. Also, there were two dyadic interviews, also known as paired or joint interviews (Morgan, 2024), each with two participants, with a total of four participants. This dyadic interview involved two participants, who were co-workers, engaging in the interview together with the researcher. This approach generated conversational flow around shared experiences and is used for qualitative reviews (Morgan et al., 2015). One participant (Participant 7) engaged in both a one-to-one and dyadic interview, hence there were 12 participants in 11 interviews (nine one-to-one and two dyadic). Interviews were successful for establishing rapport, foundational trust and privacy to explore the organisational journey of implementing a TIA. The semi-structured nature of the interviews afforded flexibility, and the interview guide was emailed to implementation team participants in advance. This advance sharing allowed participants to review and prioritise topics. This approach facilitated how the conversation was initiated and guided the discussion (Table 6), as well as providing flexibility to participants to lead the discussion and explore individual experiences.

Table 6: Sample Interview Guide

1.	What has been your experience of the implementation of the pilot (One Small Thing or Trauma Informed Oregon) in your respective organisation?
2.	What were some of the challenges you encountered with the implementation of the pilot?
3.	Were there any cultural (organisational, local or national) factors that supported or challenged the implementation of the pilots?
4.	Can you describe any impact/outcomes for staff who engaged with the pilot in terms of their own workplace experiences?
5.	What are your recommendations to support other organisations in NI implementing one of these programmes of organisational TIA for their workforce?
6.	What is the lasting impact left on your organisation by the implementation of the pilot?

Data Analysis and Credibility of Findings

Transcripts were analysed using thematic analysis (Braun & Clarke, 2006; 2022; Clarke & Braun, 2014). This six-stage process involves:

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report.

Data analysis was conducted using a TIA, ensuring that participant voice was retained in the analysis through the provision of rich data extracts. This approach also supported the integrity

of the findings, ensuring that they were grounded in the data and that the write-up mitigated the risk of re-traumatisation for participants and service users. Additionally, “member checking” was used (Lincoln & Guba, 1985), which is an approach to ensure credibility of the findings by inviting participants to review the analysis and presentation of the data including their own contributions. This approach provides an open feedback loop and thus participants’ confidence in the findings. Alongside *member checking*, *peer debriefing* and *reflective practice* were used throughout, which also contributed to the trustworthiness of the findings. Participants also reported satisfaction with the anonymisation processes, the content about their organisations, and the analysis of their data, which contributes to the integrity of the findings.

Public and Personal Involvement (PPI)

The project team acknowledges the role and the importance of PPI in all forms of research and evaluation, including in the design and dissemination of the findings. As this project involved an organisational review with existing partners, PPI has been embedded from the outset. The project team continued with the existing approaches and worked in partnership with participants throughout.

Ethical Considerations

Ethical approval was obtained from the School of Communication and Media Filter Committee at Ulster University (Project number: CMFC-24-011-A). In addition to the University’s School of Communication and Media Filter Committee approval, permission was provided at Directorate Level from SHSCT to conduct the review as a service evaluation with SHSCT staff.

Risk and ethical considerations were adhered to throughout the review process, from design, through to conduct and dissemination, which was particularly pertinent given the sensitive nature of the subject area. This was a relatively low risk study, deemed Category A by Ulster University, which poses minimal risks to participants. The project team adhered to the Ulster University’s research governance guidance throughout the process (Ulster University, 2022). To ensure informed consent, a Participant Information Sheet was provided to all participants who had the opportunity to review and ask questions prior to participating. Written informed consent was provided on consent forms prior to interview. Every effort has been made to protect the confidentiality of participants. Data is stored securely and only accessible by the project team. No participants were identified by their name or role; rather, they have been allocated ID codes, and pseudonyms have been used in the presentation of findings. All information about participants (e.g. files with transcriptions of interviews) was treated and stored confidentially, adhering to General Data Protection Regulation (2018).

Findings

A wealth of rich data was gathered through the interviews. The findings synthesised below include both brief and lengthy data extracts, which are quoted directly from participants. Longer extracts are separated from the main narrative for emphasis. Integrating both brief and lengthy extracts supports the thick, rich reporting of the lived experiences of participants.

Four key themes were identified from the interview transcript data:

1. The Implementation Landscape
2. Engaging in an External Assessment Process — Initial Stages
3. Key Features of an Organisational TIA and External Assessment
4. Impacts


These four themes are synthesised under the overarching theme of *Developing Trauma Informed Systems*, to provide insights into participants' experiences of implementing an organisational TIA using an external assessment.

Pseudonyms have been used in the findings, as agreed with participants to ensure confidentiality. In some instances, where individual organisations are potentially identifiable, pseudonyms have been removed to protect the anonymity of participants.

Summary of Key Points Identified from the Findings

1. Participants agreed unanimously that the external assessment process was a valuable experience for organisations committed to implementing an organisational TIA.
2. The findings showed that collaboration with the external partners was constructive and that the tools could be adapted for both the organisational and social contexts.
3. The role of the external assessment was to come to the process as an empathetic and knowledgeable partner, who could listen, support and tailor assessments to the organisation's needs.
4. The external assessment provided access to expertise and resources to support them with their maintenance and progression strategies, an objective review of organisations, validation on progress to date, and feedback on how to meet their organisational goals moving forward.
5. Surveys were reported to be very helpful for tracking organisational culture in organisations of a range of sizes and structures. When used, it is important for surveys to be tailored to the specific needs of the organisation whilst retaining the integrity of the survey.
6. The findings showed that the extent to which an organisation is prepared for change influences their experience of the TIA assessment and implementation process.
7. There was consensus among implementation leads that opportunities for connection and shared learning facilitated the TIA assessment and implementation process.

Theme 1: The Implementation Landscape



"We have this traumatised society and we're trying to become a trauma informed organisation within it."

The first theme explores the wider systems within which organisations on their journey of implementing an organisational TIA are situated. With consideration for the historical and contemporary contexts, participants examined how these factors impact their organisations specifically, and how they negotiate this structural architecture to connect with others embarking on the process of implementing an organisational TIA.

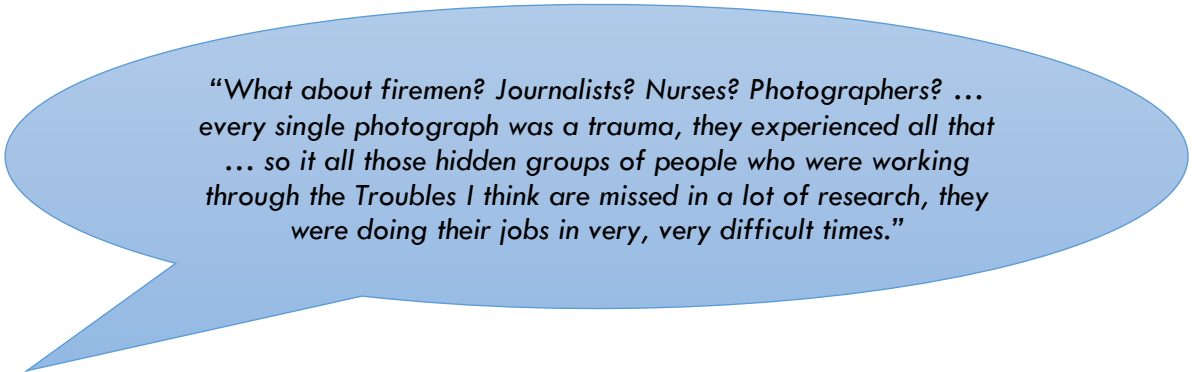
Three sub-themes were identified:

1. The Sociopolitical Context of Northern Ireland
2. The Structural Context
3. Connecting Silos

The Sociopolitical Context of Northern Ireland: Legacy of Trauma

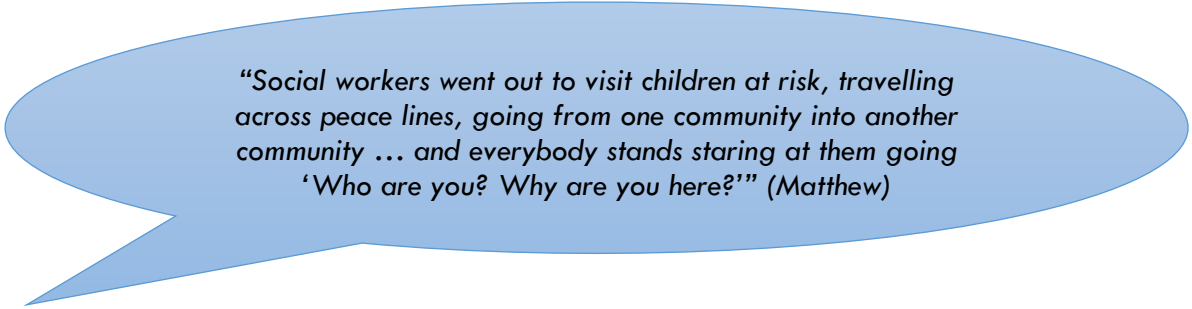
Ongoing Legacy of Past Experiences

The social, political and historical context of Northern Ireland was described by participants as a fundamental factor that teams considered when planning for the implementation of an organisational TIA in their organisations: *"I think Northern Ireland is a unique sort of place"* (Joanne). Participants across organisations noted the different ways in which people, communities, and society in general, have been affected by the Troubles/Conflict. Participants spoke about communities that, for a multitude of reasons, would have been known for experiencing some of the most intense aspects of the Troubles/Conflict: *"I've had the experience of witnessing the impact of the Troubles [on communities]"* (Jane). Due to the nature of the conflict in Northern Ireland, collective and individual traumas were also experienced while people were at work:



"What about firemen? Journalists? Nurses? Photographers? ... every single photograph was a trauma, they experienced all that ... so it all those hidden groups of people who were working through the Troubles I think are missed in a lot of research, they were doing their jobs in very, very difficult times."

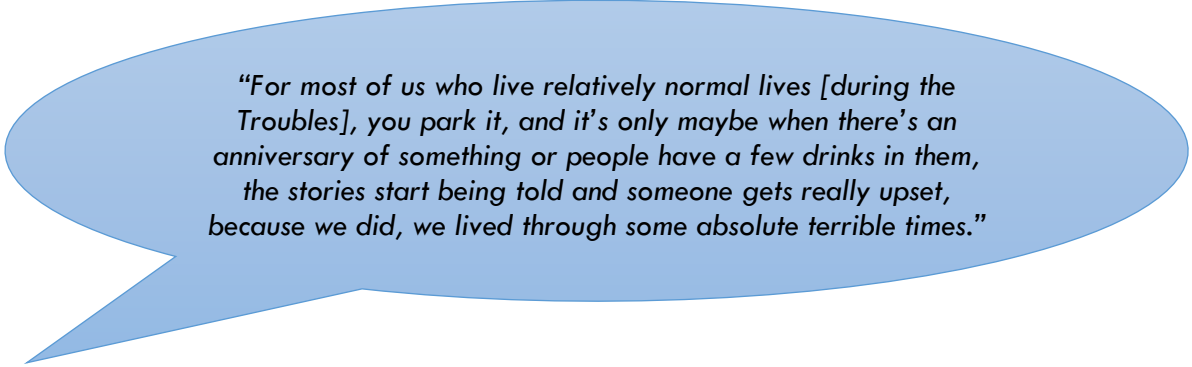
Understanding and acknowledging the historical context of professional domains was important when considering how to implement an organisational TIA in a modern context. In particular, a number of participants highlighted how working during the Troubles/Conflict would have impacted people working across all sectors:



"Social workers went out to visit children at risk, travelling across peace lines, going from one community into another community ... and everybody stands staring at them going 'Who are you? Why are you here?'" (Matthew)

Some participants spoke about how they and others adapted to living with the ongoing threat of violence through careful communication and hypervigilance.

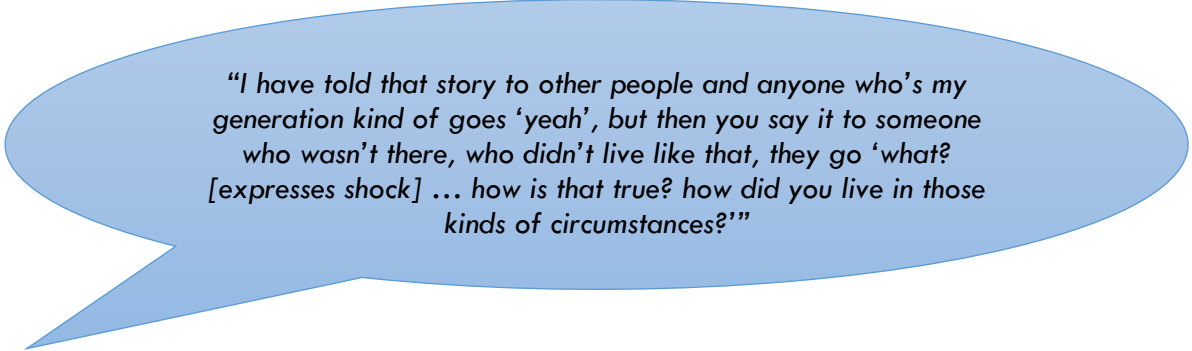
Other methods for coping with the impact of the ongoing conflict, which were described as being widely used by people and communities, included alcohol, substance use, and expression through humour: *"They manage it by going out and getting drunk or risky behaviour or taking drugs or black humour"* (Matthew). An important part of the TIA implementation process in organisations involved understanding these cultural tools for coping, and how many Troubles-related experiences might still not yet be processed or fully understood by people, their families or their places of work:



"For most of us who live relatively normal lives [during the Troubles], you park it, and it's only maybe when there's an anniversary of something or people have a few drinks in them, the stories start being told and someone gets really upset, because we did, we lived through some absolute terrible times."

Another cultural adaptation to the ongoing conflict was described as using a 'workaround', which was a creative way to try to circumvent barriers or more predictable threats to meet needs. There is cultural tendency towards adopting a problem-solving approach, in all walks of life, that is still common in Northern Ireland today and can be seen in both service users and staff: *"it just becomes a way of life and then what you do is you find ways around it, so how do we get round that? How do we get a short cut through that?"*

Participants sometimes described the opportunities to reflect on their experiences when talking with people who did not experience daily life during the Troubles/Conflict:

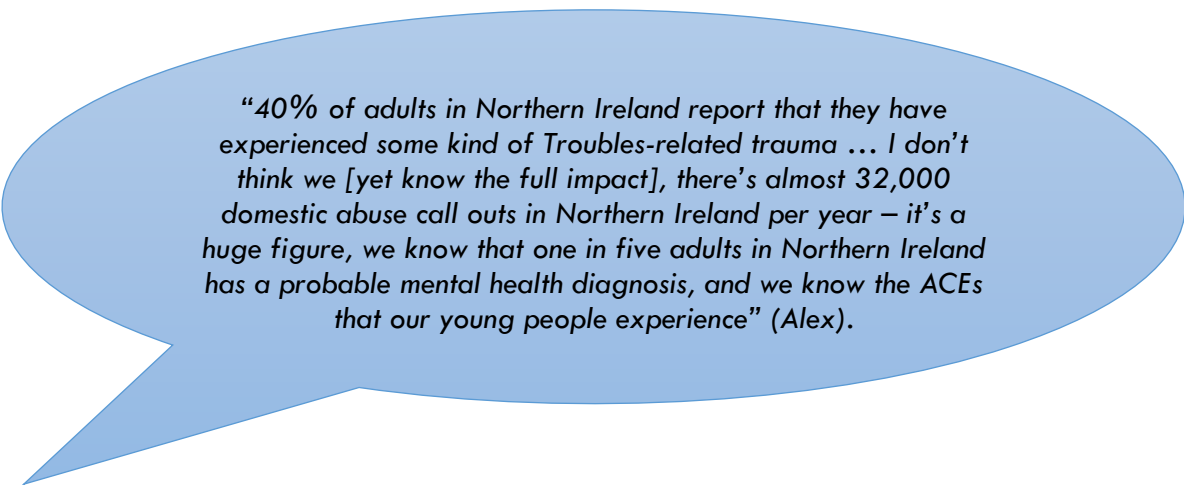


"I have told that story to other people and anyone who's my generation kind of goes 'yeah', but then you say it to someone who wasn't there, who didn't live like that, they go 'what? [expresses shock] ... how is that true? how did you live in those kinds of circumstances?"

These reflections on the legacies of trauma can offer perspective, both on the past and on its impact in the present, and ways of thinking about the experiences of service users and staff.

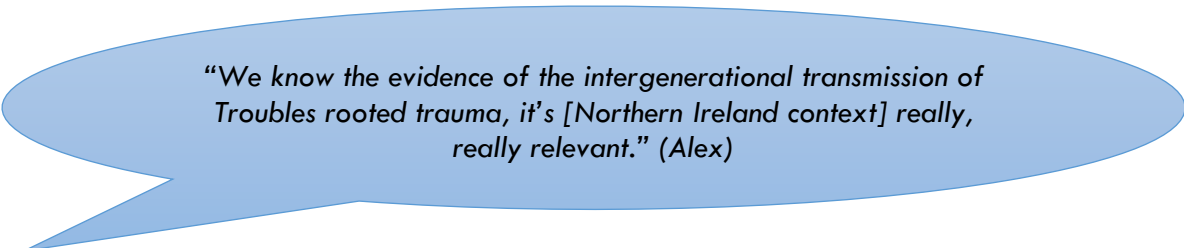
Contemporary Challenges

After reflecting on the past, participants related their views on the range of contemporary social issues impacting people and families using their services, which participants considered to be connected to past traumas:

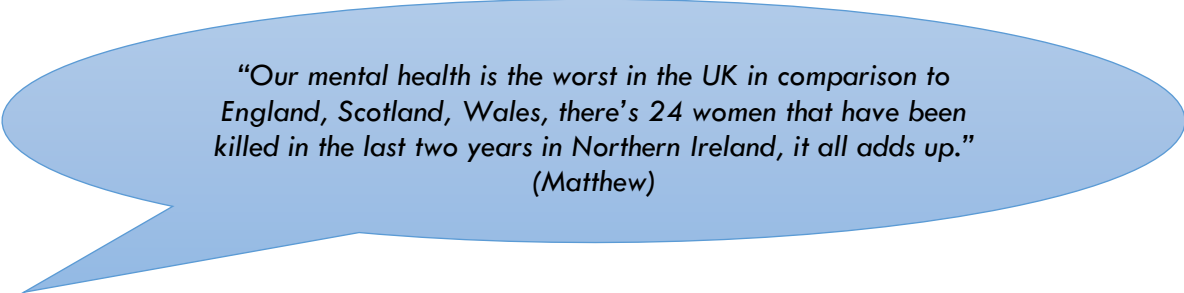


"40% of adults in Northern Ireland report that they have experienced some kind of Troubles-related trauma ... I don't think we [yet know the full impact], there's almost 32,000 domestic abuse call outs in Northern Ireland per year – it's a huge figure, we know that one in five adults in Northern Ireland has a probable mental health diagnosis, and we know the ACEs that our young people experience" (Alex).

Participants spoke about the transgenerational impact of trauma they witnessed in their services and how this impact is also reflected in Northern Ireland statistics:

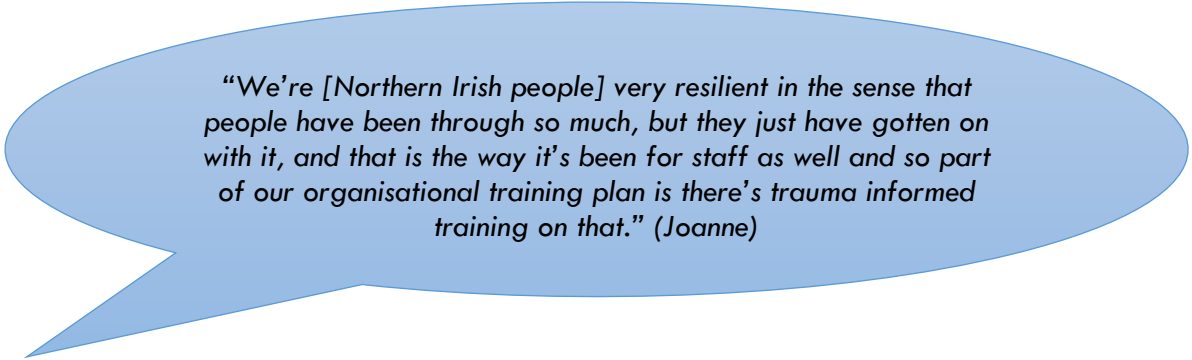


"We know the evidence of the intergenerational transmission of Troubles rooted trauma, it's [Northern Ireland context] really, really relevant." (Alex)



"Our mental health is the worst in the UK in comparison to England, Scotland, Wales, there's 24 women that have been killed in the last two years in Northern Ireland, it all adds up." (Matthew)

Some participants also expressed a degree of despondency due to the difficulty they experienced when trying to hold space for all these societal issues: *"There is so much trauma within the Northern Ireland context and so much that is shared, so much that's different ... it's hard to navigate" (Jane)*. Conversations generally pushed through to optimism for people in Northern Ireland and how there are opportunities to relate and connect through their collective experiences. This created hope for a better future, and motivation to tackle major issues, and begin organisational TIA implementation: *"it doesn't matter what community you're from, lots have experienced loss, there is a lot more that keeps us in common than keeps us separated."* Participants also discussed the important shift beyond pragmatic approaches towards relational and needs-based approaches:

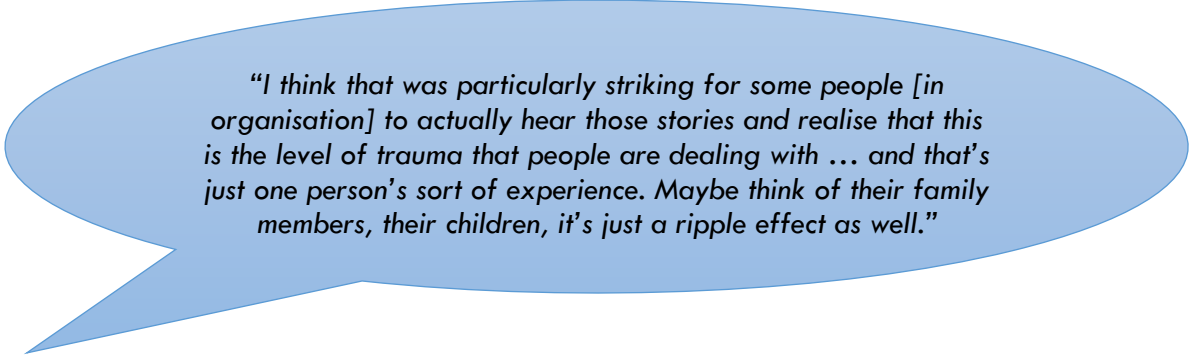


"We're [Northern Irish people] very resilient in the sense that people have been through so much, but they just have gotten on with it, and that is the way it's been for staff as well and so part of our organisational training plan is there's trauma informed training on that." (Joanne)

Central to implementing an organisational TIA was the explicit discussion during training about the ways in which the Northern Ireland context has shaped society, culture, institutions, and people. It was also important to consider the different ways that people have coped with the various types of trauma experiences in Northern Ireland and its impacts upon service users and staff in specific organisations.

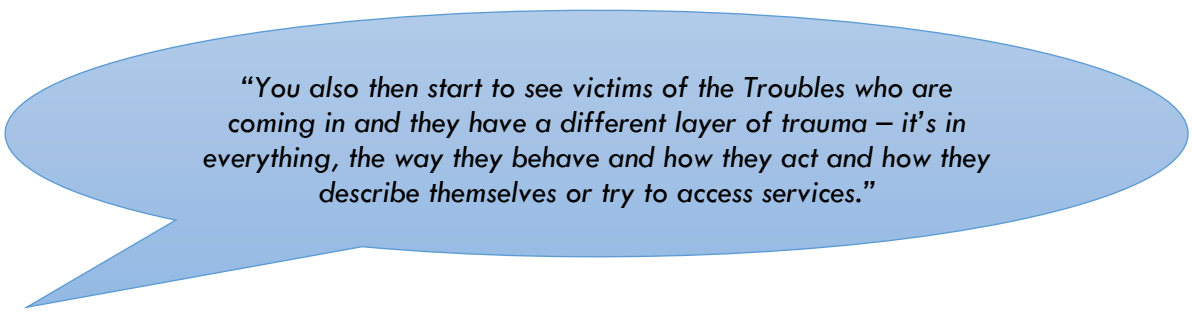
Service Provision in the Context of Trauma in Northern Ireland

The Northern Ireland context was described as affecting the provision of services and participants shared the different ways in which they approached this aspect of their work. Participants from VSS spoke about their core need to ensure that staff were supported to provide services to people who were affected by the violence associated with the Troubles/Conflict. Additionally, participants discussed the need for awareness and understanding of the pervasive and collective impact of various types of institutional abuse, including experiences with mother and baby homes:

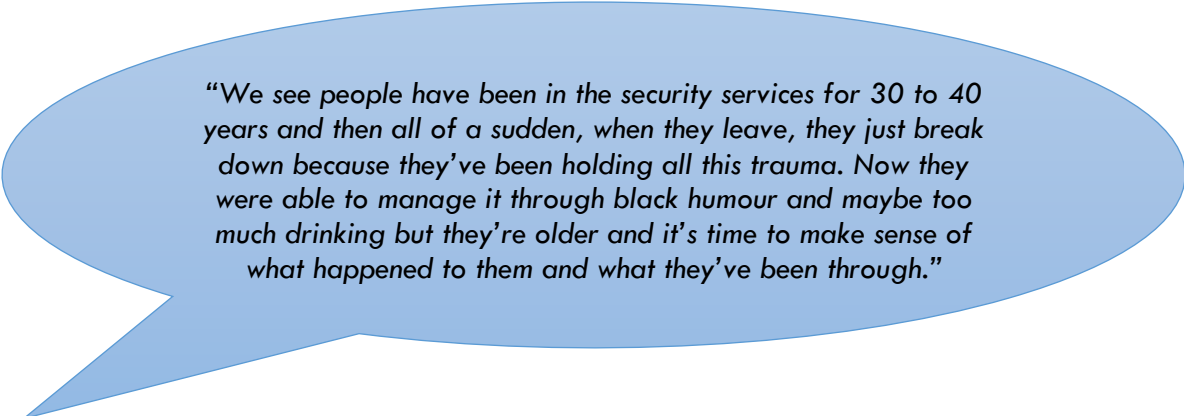


"I think that was particularly striking for some people [in organisation] to actually hear those stories and realise that this is the level of trauma that people are dealing with ... and that's just one person's sort of experience. Maybe think of their family members, their children, it's just a ripple effect as well."

Central to service provision is an understanding of how trauma can present and how people can live with trauma and how people seek support, only in their own time:

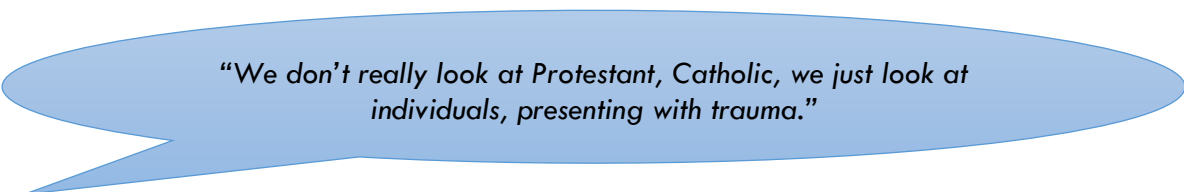


"You also then start to see victims of the Troubles who are coming in and they have a different layer of trauma – it's in everything, the way they behave and how they act and how they describe themselves or try to access services."



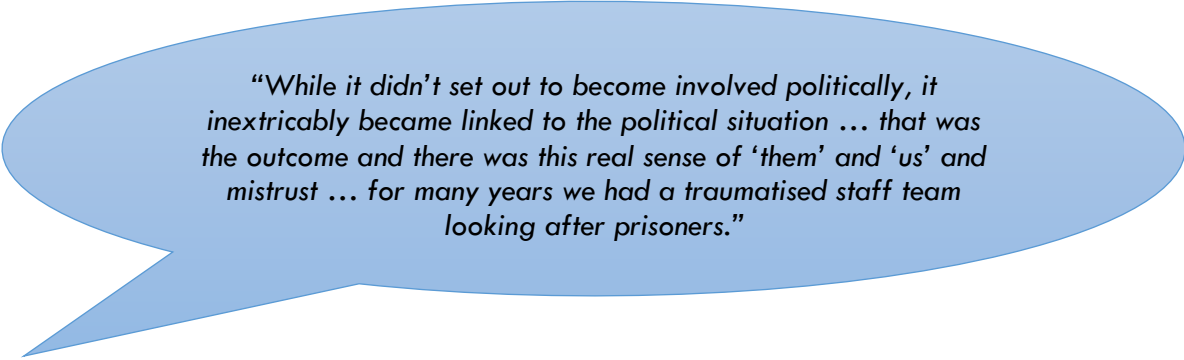
"We see people have been in the security services for 30 to 40 years and then all of a sudden, when they leave, they just break down because they've been holding all this trauma. Now they were able to manage it through black humour and maybe too much drinking but they're older and it's time to make sense of what happened to them and what they've been through."

At VSS, it was acknowledged that victims of the Troubles/Conflict also included people from many different religious or ethnic backgrounds:



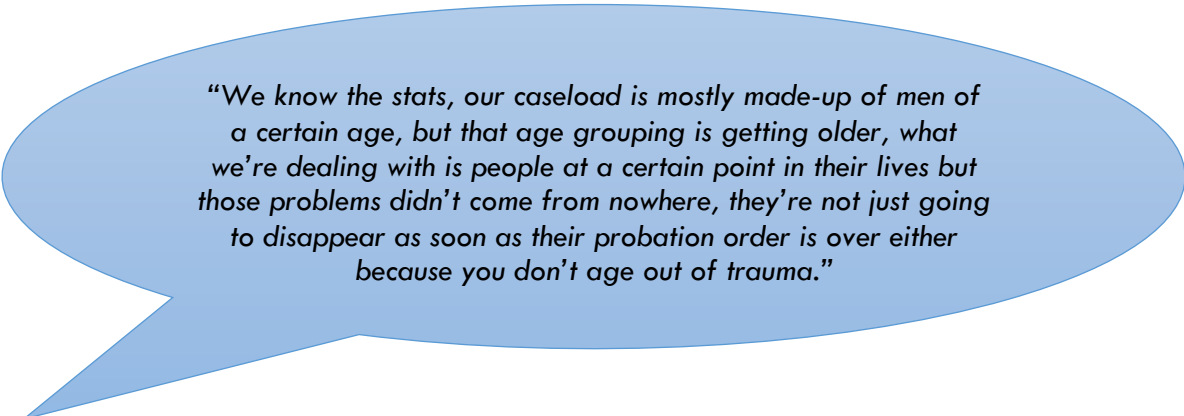
"We don't really look at Protestant, Catholic, we just look at individuals, presenting with trauma."

At the *PBNI*, participants spoke about the specific impact and legacy of the Troubles/Conflict on the prison service and the role of trauma in the evolution of policing and criminal justice systems:



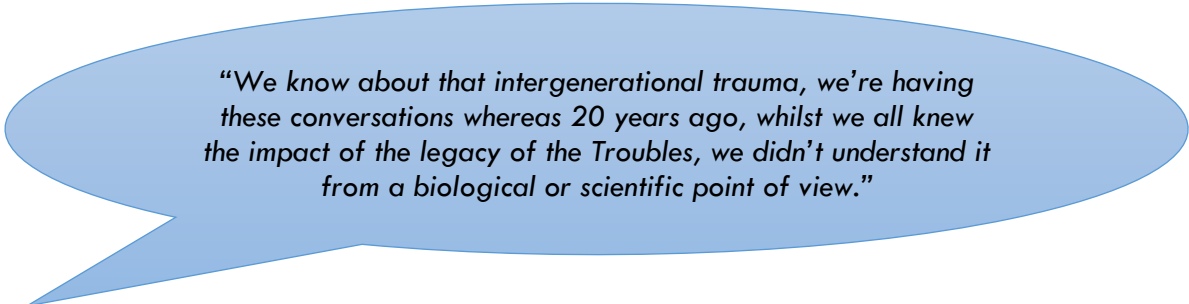
"While it didn't set out to become involved politically, it inextricably became linked to the political situation ... that was the outcome and there was this real sense of 'them' and 'us' and mistrust ... for many years we had a traumatised staff team looking after prisoners."

Participants spoke about the enduring impact of the Northern Ireland context and transgenerational trauma for the people and families with whom they work:



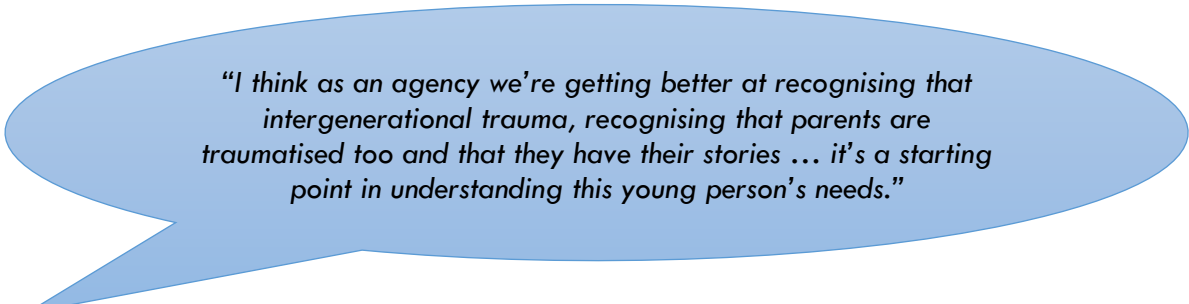
"We know the stats, our caseload is mostly made-up of men of a certain age, but that age grouping is getting older, what we're dealing with is people at a certain point in their lives but those problems didn't come from nowhere, they're not just going to disappear as soon as their probation order is over either because you don't age out of trauma."

Participants at the YJA also spoke about how their work often focused on the Northern Ireland context and transgenerational trauma, and how the development of language around trauma has supported the work they do:



"We know about that intergenerational trauma, we're having these conversations whereas 20 years ago, whilst we all knew the impact of the legacy of the Troubles, we didn't understand it from a biological or scientific point of view."

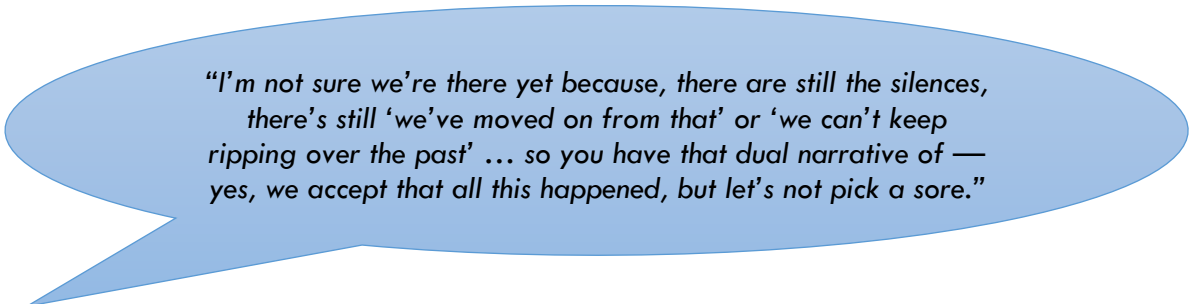
Participants in YJA spoke about how their understanding for young people and their families using the service had further developed since implementing a TIA:



"I think as an agency we're getting better at recognising that intergenerational trauma, recognising that parents are traumatised too and that they have their stories ... it's a starting point in understanding this young person's needs."

At the SHSCT, who are still in the initial stages of the process of implementing an organisational TIA, participants spoke about their awareness of how the Northern Ireland context impacted all their service users, staff and systems, across all services. Thus, a key aspect of their work is to hold that awareness at the centre of their TIA implementation plans: *"You can't ignore it because it's part of who we are."*

Many participants across the organisations discussed the issue of access to services in relation to the Northern Ireland context: *"the difficulty is in society itself; people are told that they have to present unwell to get services."* Participants discussed the importance of understanding that people in Northern Ireland who are coping with trauma, can find help-seeking difficult due to the societal legacies of silence, which one participant explicitly discussed as being addressed in their implementation plan: *"we know how difficult it is to pick up a phone and ask for help, particularly if you've been someone who has all their lives been told, just do not to talk about this."* It was also noted that there is a significant shift within society towards more openness and that a TIA can support this process: *"it's breaking that all down now."* However, this process was recognised to be slow and speaking about the Northern Ireland context was described as needing a distinct and safe communication approach because talking about pain from the past can still be difficult for different reasons for different people:

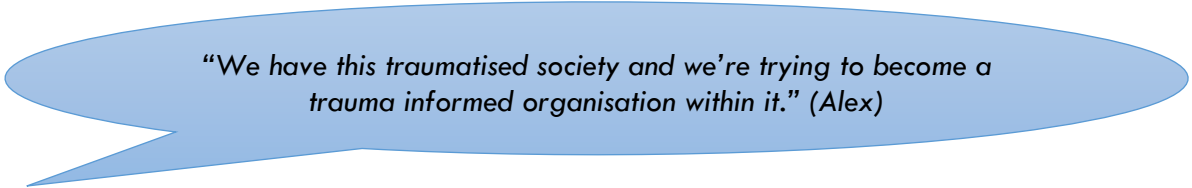


"I'm not sure we're there yet because, there are still the silences, there's still 'we've moved on from that' or 'we can't keep ripping over the past' ... so you have that dual narrative of — yes, we accept that all this happened, but let's not pick a sore."

Reflecting on and planning strategically for how each service is impacted, the social, political and historical context of Northern Ireland was viewed as a core activity by those leading implementation teams, which also furthered understanding about the processes of the other Northern Ireland structural contexts.

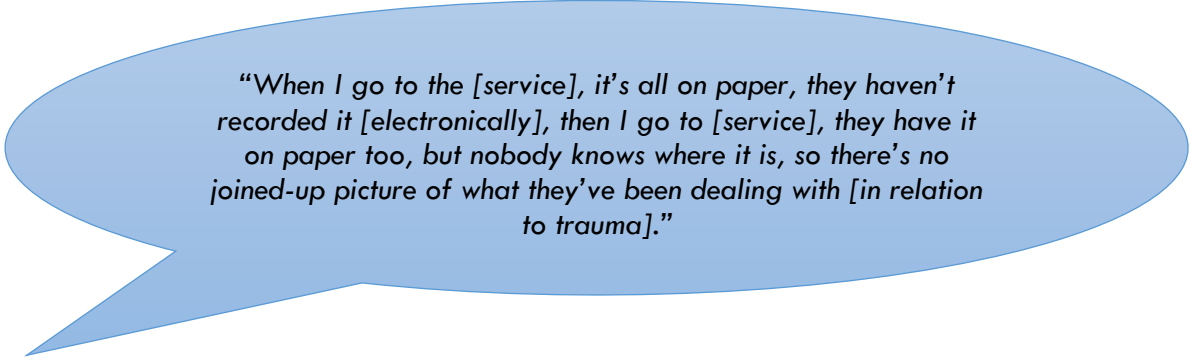
The Structural Context: Systems and Institutions

Participants reflected on the wider structures within Northern Ireland and reported the challenges they experienced whilst implementing a TIA within their individual services, which are part of a wider and complex whole system: *“It is very disjointed and it’s a juggernaut”* (Anne). Participants were generally thoughtful, nonjudgmental and careful when reflecting on their TIA implementation and that of others, especially as this involved attempting to implement an organisational TIA within the context of collective trauma:



“We have this traumatised society and we’re trying to become a trauma informed organisation within it.” (Alex)

Participants expressed frustrations at the siloed and disjointed structure of systems but understood that this was related to the Northern Ireland context: *“Trauma is just in everything I see in my work ... you feel like you’re just walking past the elephant [in the room] all the time”* (Helen). Participants also described experiences of meeting with people from statutory organisations who have not yet started implementing an organisational TIA or who were early on in their journey, highlighting how the lack of distinct approach can affect wider efforts:



“When I go to the [service], it’s all on paper, they haven’t recorded it [electronically], then I go to [service], they have it on paper too, but nobody knows where it is, so there’s no joined-up picture of what they’ve been dealing with [in relation to trauma].”

Engaging in an organisational TIA implementation process thus offered an opportunity to improve connections and communication by bringing services together to meet service users’ needs: *“We need to think, ‘how do we holistically hold somebody who’s struggling with trauma?’”* (Matthew).

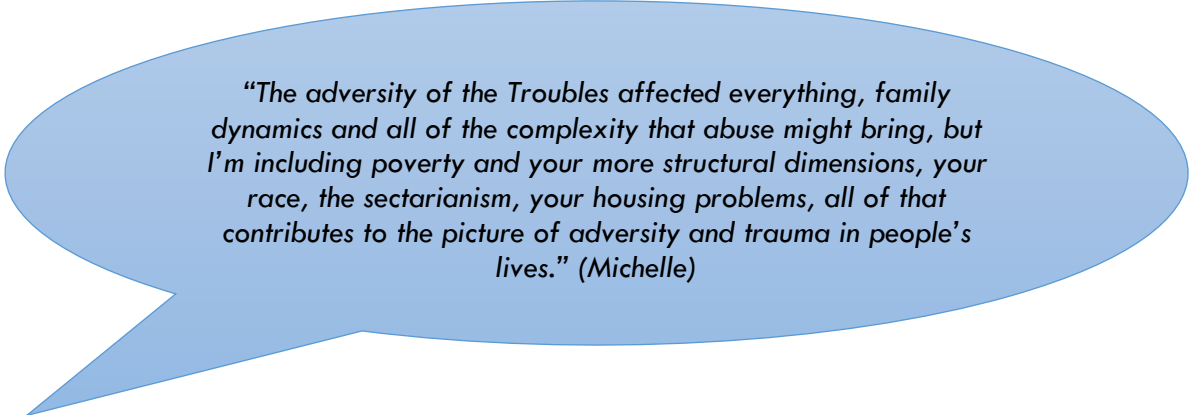
Some challenges with implementing an organisational TIA were complicated by structural power dynamics, and some participants could be concerned about formally expressing certain opinions, criticisms or even observations: *“I’ll choose my words carefully.”*

In general, participants described observing absences at an overarching government level in the form of inadequate leadership, inconsistent approaches and uncoordinated strategies to TIA implementation, which could result in duplication of effort, time and funding. These gaps could result in some trauma leads experiencing feelings of doubt and insecurity regarding the work that they were doing, particularly in relation to the impact on their work further down the line: *“There is a potential risk that you do all this work, and then if another organisation within the same structure isn’t doing it the same way, in some way it [your work] could be undone.”* The lack of a coordinated strategy and approach could limit or restrict individual

organisation efforts could realistically achieve: “we want to look after our staff and our service users, their families and victims, but it needs to be embedded much more widely [society wise].”

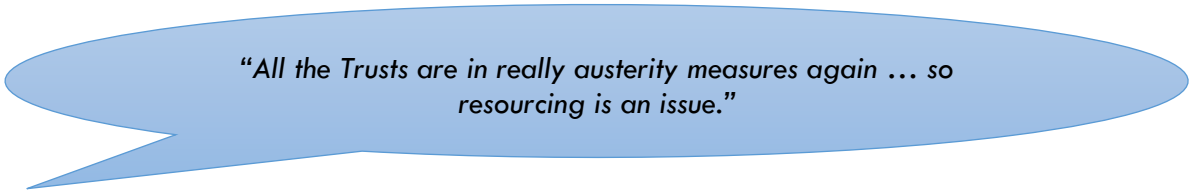
One trauma lead noted that there were still visible public announcements or advertisements, which some government departments or organisations were using, that demonstrated that they were yet to engage with the concept of a TIA: “even today ... there’s these big signs on the bus, ‘zero tolerance’ and I had giggled to myself thinking, can you imagine that in our place? There’s no way we would have those signs up.” Another participant spoke about observing a similar potentially traumatising experience for people seeking government funded healthcare, which connected with under resourcing and cost cutting. For example, the gatekeeping of access to GP care by answering machines, to prevent service overwhelm: “when you ring you get this really, really long message, the first communication you get from them is that wall — you’re not allowed to ring them for this or that, and you just think if I press the wrong line, am I going to get shouted at? Could I get around it?” This point was important for those implementing an organisational TIA, because the GP is often an important partner and a professional with whom everyone in Northern Ireland is connected: “That is not designed to help the person on the other end of the phone who is help-seeking ... we’re living in health poverty.”

Participants expressed concern about how the structural context, of austerity and increasing poverty, which has been compounded by the COVID-19 pandemic and its fallout, combined with the legacy of the Troubles/Conflict context, could contribute to further marginalising, oppressive or traumatising experiences for people, families and communities:



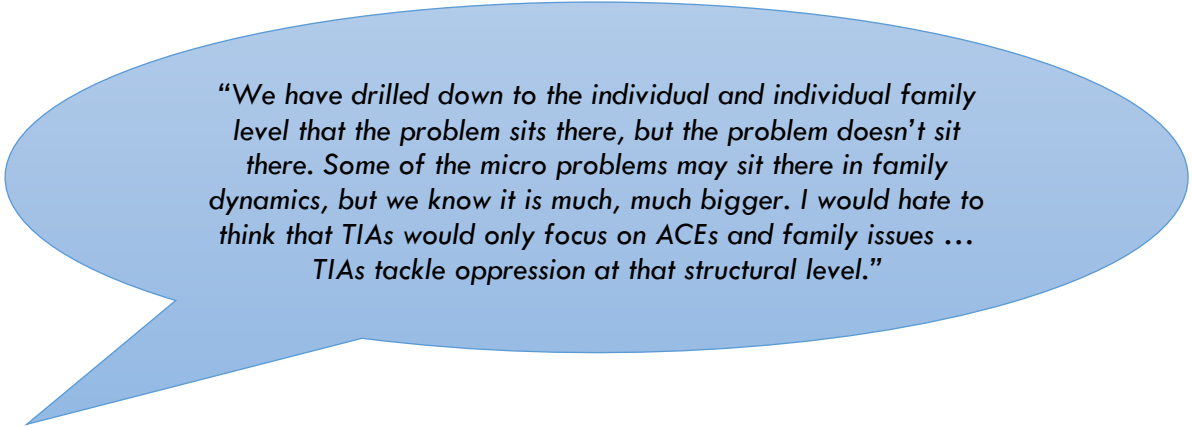
“The adversity of the Troubles affected everything, family dynamics and all of the complexity that abuse might bring, but I’m including poverty and your more structural dimensions, your race, the sectarianism, your housing problems, all of that contributes to the picture of adversity and trauma in people’s lives.” (Michelle)

The traumatising impact of poverty was referenced by many participants as a critical issue in Northern Ireland, which needs to be addressed and something they regularly see with service users. For example, those involved with PBNi: “unless they’re in a socio-economic situation where they feel they’ve got no choice, which is a lot, what a lot of the women find themselves in.” Those at the SHSCT specifically spoke about the impact of cost cutting at an organisational level and how this can impact resourcing:



“All the Trusts are in really austerity measures again ... so resourcing is an issue.”

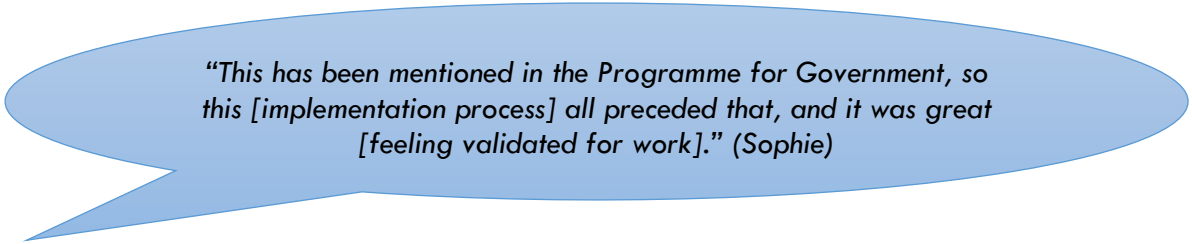
Tackling, or at a minimum, voicing the impact of, these structural problems was also seen as inherent to their TIA implementation strategy. Highlighting the connectedness and role of society and systems in social problems helps to meet individual needs and contribute to the reduction of individual blame narratives and the associated inadequate service provision that stems from that ethos:



"We have drilled down to the individual and individual family level that the problem sits there, but the problem doesn't sit there. Some of the micro problems may sit there in family dynamics, but we know it is much, much bigger. I would hate to think that TIAs would only focus on ACEs and family issues ... TIAs tackle oppression at that structural level."

Cost-cutting at some services had also affected the physical spaces of services, with some participants describing downsizing to smaller premises or shared spaces in recent years and leaving behind their custom trauma informed spaces that they had developed: *"because we're subject to the costs cutting, our previous office we had [facilities] then we amalgamated and we moved premises and shared an office, and we had shared spaces."* Cost-cutting activities affected an organisation's existing TIA because they typically targeted physical spaces or relationship-based activities that were not seen as core to work: *"being moved from our environment, which was trauma informed, to a place that wasn't trauma informed ... we had to do the best we could with the resources."*

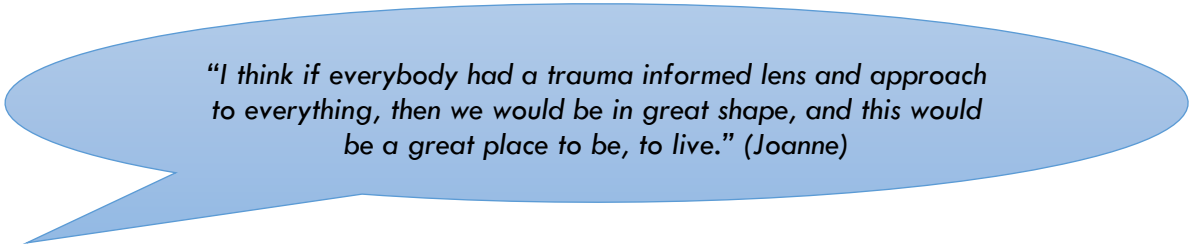
Trauma leads spoke about the wider activities of a TIA across Northern Ireland and commented on what they had observed or experienced: *"There's some formal and informal stuff going on, there are working groups ... I think the best way to answer that is it's in the early stages of development."* Without overarching coordination, individual organisations did not want to place expectations on others to engage in a coordinated way, or with shared goals: *"I want us to be embedded into a network of organisations that are working towards similar goals, but we can't demand anything off any other organisation."* Despite this, recent conversations in relation to the Programme for Government had instilled reassurance in teams leading organisational TIA implementation work, for the work carried out to date:



"This has been mentioned in the Programme for Government, so this [implementation process] all preceded that, and it was great [feeling validated for work]." (Sophie)

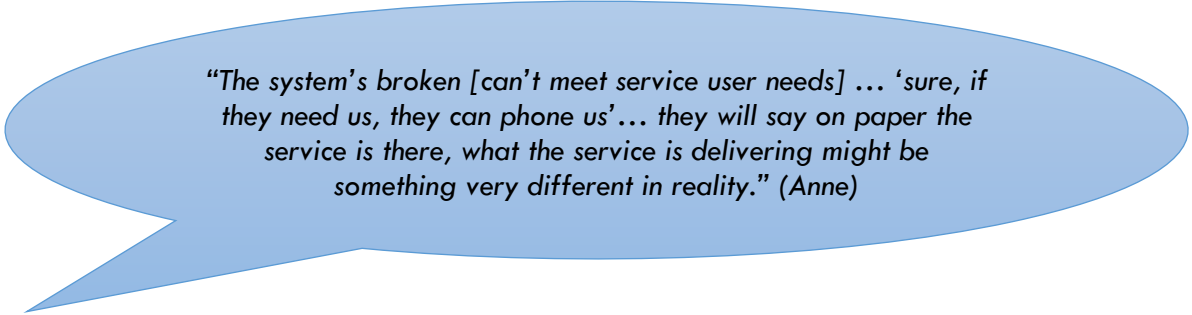
Knowing that there is an indication of change being fostered at a structural level greatly motivated leadership teams to continue their implementation strategies and provided renewed confidence in their approach.

Participants noted that an organisational TIA is not simply a new model for the workplace but an important approach for people, communities and society at large:



"I think if everybody had a trauma informed lens and approach to everything, then we would be in great shape, and this would be a great place to be, to live." (Joanne)

Some general recommendations from participants included the need for a joined-up approach to an organisational TIA, with a strategic focus: *“I called for a trauma champion for Northern Ireland”* and a TIA implementation plan at the highest level of government to coordinate and support organisations and integrate existing expertise: *“I’ve seen great inroads in [other sector] ... sometimes it’s not captured because maybe whoever’s leading on trauma informed practice is so strategic that they don’t know what’s going on in different areas”* (Anne). Participants also thought there was a responsibility at high levels to promote the value and benefit of using a TIA: *“if there’s any organisation that doesn’t want that, that raises a red flag for me”* (Sophie). It was noted that there was a need to provide adequate resourcing and funding to existing services to make sure they can meet need before attempting to implement an organisational TIA, which requires additional time, funding and resources:



“The system’s broken [can’t meet service user needs] ... ‘sure, if they need us, they can phone us’... they will say on paper the service is there, what the service is delivering might be something very different in reality.” (Anne)

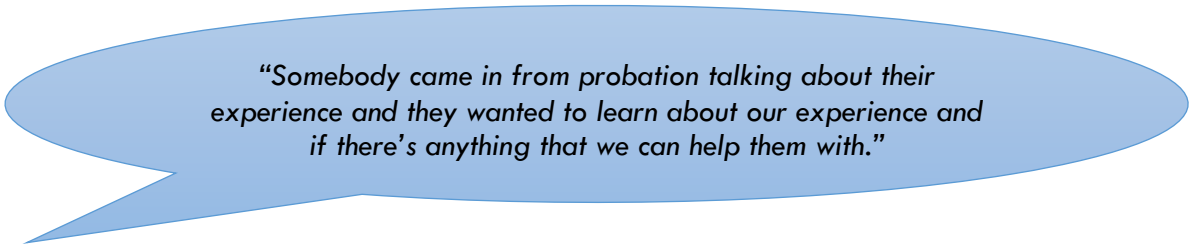
Additionally, one participant also noted the opportunity to improve administrative legacies which could affect their organisation’s ability to implement a TIA: *“We’re part of the civil service ... the recording system is not nuanced for reflective [notes] ... there’s still a focus on tasks and plans.”*

When deciding on and planning for the implementation of an organisational TIA, organisations met with challenges and opportunities from the wider structural context, in terms of the systems and institutions in which organisations are embedded. Participants reflected on the role of government leadership, funding and resources in their implementation journey. Participants considered shared learning experiences from connecting with other organisations on similar journeys as particularly supportive in facilitating the progress made to date in the implementation of an organisational TIA.

Connecting Silos

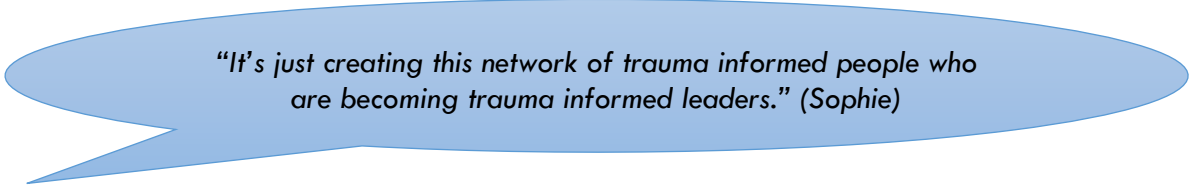
In addition to the challenges experienced within the wider structural context, participants shared positive experiences of building relationships and connections facilitated through the TIA implementation process. Despite some feedback about the lack of a wider, formalised joined-up approach, there was also a strong sense of being involved in a growing network of people motivated to implement an organisational TIA across all sectors in Northern Ireland: *“There is good movement and there’s good discussions”* (Jane).

Actively connecting with other organisations was a central activity: *“networking is really important”* (Alex), especially with others engaged with the SBNI:



“Somebody came in from probation talking about their experience and they wanted to learn about our experience and if there’s anything that we can help them with.”

The SBNI was described as playing an important role in the development of this network, with many participants discussing feeling connected with others from a range of organisations, who shared a similar vision for the implementation of an organisational TIA across Northern Ireland:

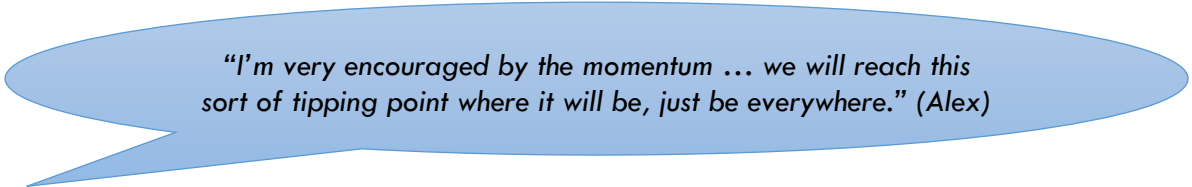


"It's just creating this network of trauma informed people who are becoming trauma informed leaders." (Sophie)

Participants in implementation teams also described making connections across different types of organisations in different sectors, including members, partners and others who expressed interest.

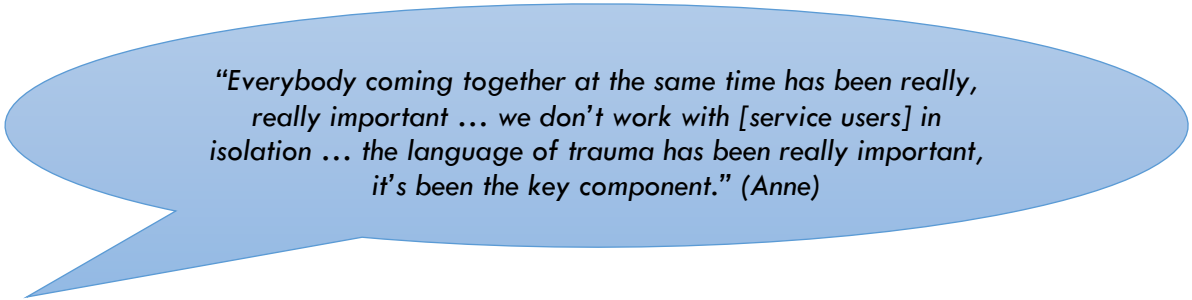
Others spoke about connecting with government organisations and supporting the development of practices that can better support the implementation of an organisational TIA: "when [organisation] come to us and say 'we're doing research on transgenerational trauma, can we have your data plan?', we've got that data, then it supports what they're trying to develop and show, it all joins up." Many participants believe that community-based organisations themselves had already developed examples of best practice is using a TIA: "we don't operate as if we're one organisation. We work with partners every day ... those grassroots organisations, they influence us" (Emma). Additionally, some organisations, who had more experience in the implementation of an organisational TIA, spoke about being able to share their learning and processes with those starting out: "they're taking the learning, they're using it and that's what it should be about now."

Participants also described the positive feelings that they experienced from taking part in the implementation of an organisational TIA, as a result of the connections that they built with others. Participants believed that society was moving towards creating positive changes to tackle the structural issues and address the legacy of the past:



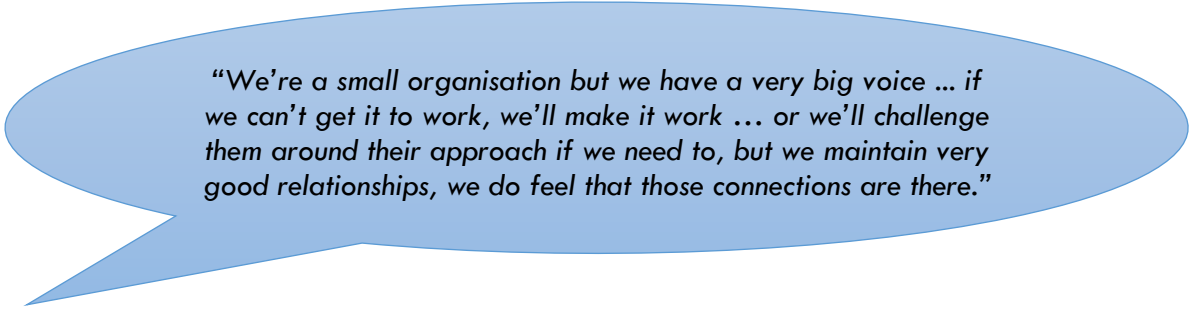
"I'm very encouraged by the momentum ... we will reach this sort of tipping point where it will be, just be everywhere." (Alex)

Connected with this idea, trauma leads spoke about the importance of role modelling a TIA outside of their organisation, especially when they were interacting with other professionals working with people using their services. The combination of strong partnerships and the use of this new shared language of trauma, has supported organisations to share learning and thus enhance the wider interprofessional working culture:



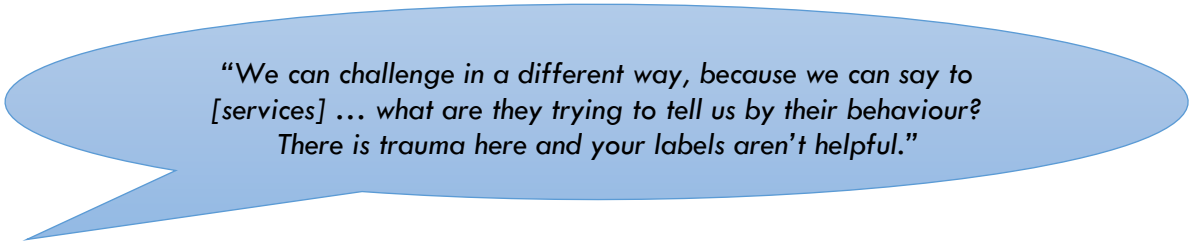
"Everybody coming together at the same time has been really, really important ... we don't work with [service users] in isolation ... the language of trauma has been really important, it's been the key component." (Anne)

In using meaningful person-centred approaches, participants spoke about advocating for service users in a manner that respected their professional relationships:



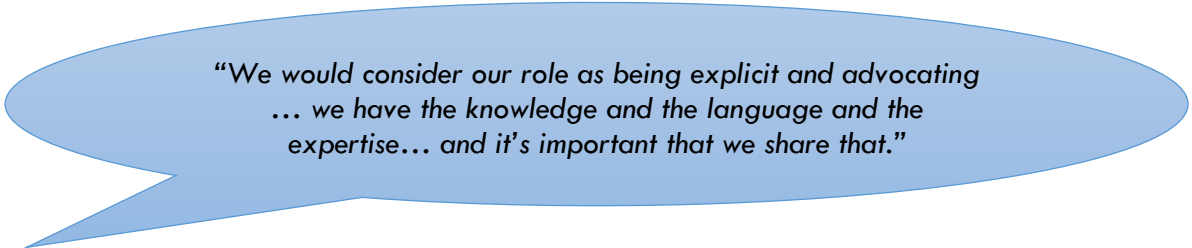
"We're a small organisation but we have a very big voice ... if we can't get it to work, we'll make it work ... or we'll challenge them around their approach if we need to, but we maintain very good relationships, we do feel that those connections are there."

Practitioners described using their knowledge and language of trauma when challenging other professionals about their organisational approach with service users:



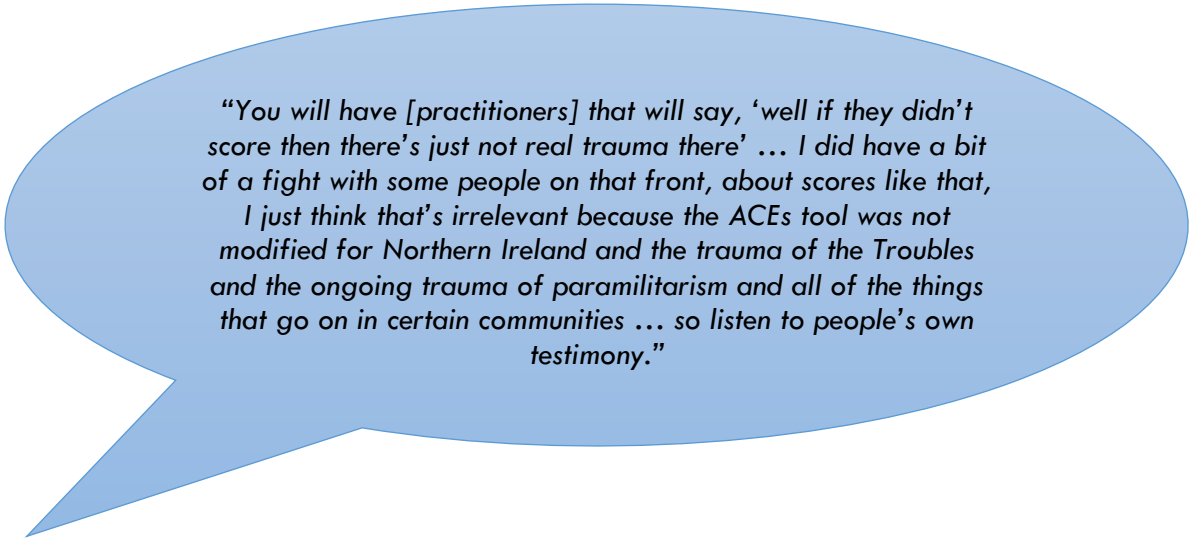
"We can challenge in a different way, because we can say to [services] ... what are they trying to tell us by their behaviour? There is trauma here and your labels aren't helpful."

An important aspect of the implementation of an organisational TIA involved advocating for service users when oppressive practices were encountered in work with other professionals:



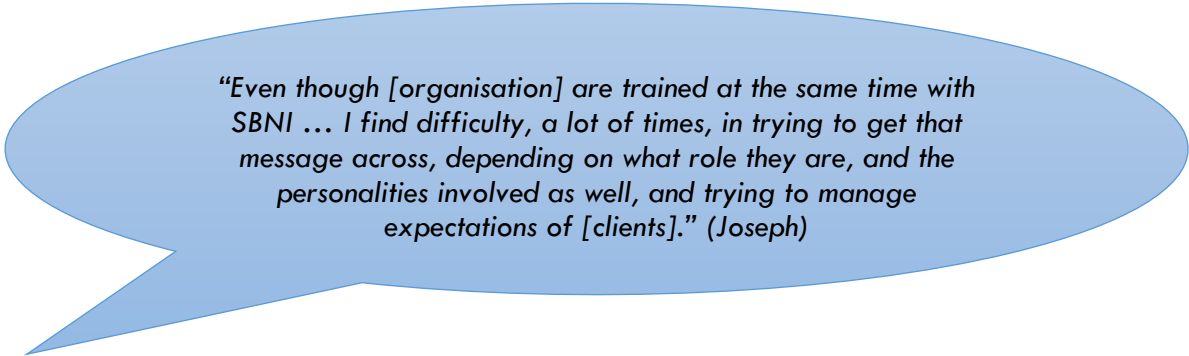
"We would consider our role as being explicit and advocating ... we have the knowledge and the language and the expertise... and it's important that we share that."

To date, one organisation discussed their success in securing more appropriate support for people engaged in services: *"we now have a partnership arrangement with [service] — that's a trauma informed approach, it took a long time to get there, but we've got there. It works."* Others described wider professional and structural barriers to implementing an organisational TIA in terms of how trauma is understood and measured within the Northern Ireland context:



"You will have [practitioners] that will say, 'well if they didn't score then there's just not real trauma there' ... I did have a bit of a fight with some people on that front, about scores like that, I just think that's irrelevant because the ACEs tool was not modified for Northern Ireland and the trauma of the Troubles and the ongoing trauma of paramilitarism and all of the things that go on in certain communities ... so listen to people's own testimony."

Participants also highlighted the barriers to using a TIA with partners due to service ethos, culture, leadership or remit. Despite knowing that a partner organisation had received the same training from the SBNI, it was observed that a TIA was not being used:



"Even though [organisation] are trained at the same time with SBNI ... I find difficulty, a lot of times, in trying to get that message across, depending on what role they are, and the personalities involved as well, and trying to manage expectations of [clients]." (Joseph)

Some participants noted positive experiences when challenging other professionals on a similar level. They also identified particularly negative experiences when doing so with those in powerful positions about the use of a TIA: *"I find that difficult because it's never been a good outcome"* (Sarah). However, through consistent messaging, small changes were being observed.

Despite the challenges of the structural and sociopolitical context in Northern Ireland, working on the implementation of an organisational TIA supported organisations to build and maintain connections, to share and enhance learning and to foster the sense of working together towards a common goal in the interests of Northern Ireland society.

Theme Summary

This theme contextualises the implementation of an organisational TIA as outlined by the participants. Key factors shaping the landscape of implementation included the sociopolitical context of Northern Ireland and the ripple effects of trauma; the wider structural context in terms of Northern Ireland systems and institutions; and forging connections across organisations and sectors. The following theme relates to the initial stages of engaging in an external assessment process for the implementation of an organisational TIA.

Theme 2: Engaging in an External Assessment Process — Initial Stages

“We want to develop compassionate, nurturing relationship-based practice.”

The next theme examines the processes with which organisations engaged in the initial stages of engaging in the external assessment process to implement an organisational TIA. Participants in implementation teams described how they began the process and their experiences of working with either Trauma Informed Oregon (TIO) or One Small Thing (OST). Insight was provided into the ways in which participants worked to foster a whole organisation approach to the implementation process.

Five sub-themes were identified:

1. Beginning External Assessment
2. Tailoring the Assessments
3. Trauma Informed Oregon
4. One Small Thing
5. Whole Organisation Approach

Beginning the External Assessment Process

Participants who led on implementation teams reflected on the earliest stages of the process. Specifically, they described the key moments and activities that marked their decision and commitment to engage formally with the SBNi and an external assessment, with either OST or TIO, to work towards embedding an organisational TIA:

“We have a corporate plan... really focusing on the theme of trauma and that kick-started the process.”

It was at this initial stage that some participants described difficulty processing the amount of information available in resources: *“it does feel overwhelming”* (Helen). Beginning the process required leadership from open, compassionate and flexible senior management, combined with a dedicated and determined implementation TIA team.

Participants spoke unanimously about receiving support from their Chief Executive Officers (CEO) and the critical importance of the CEO role in moving the process forward: *“good, strong leadership from the chief executive down”* (Matthew). This overarching commitment at the highest level provided implementation teams with much needed motivation and moral support, as well as permission, practical resources, and time to fully and meaningfully engage with the process:

“One of our enablers here is that we have a very compassionate Chief Executive who is committed to this now — that’s critical in any organisation.”

One participant discussed the importance of also having active involvement from senior leadership below CEO level in implementation teams from the beginning:

"I think it needs to be led by a director because it gives a really strong message ... instead of me passing it across to somebody else, it keeps me tuned in to what needs to be focused on."

"These people are so busy that I thought that they would have delegated down, and they didn't." (Michelle)

Once teams were established, trauma leads described the reflective processes they engaged in initially to help define their visions and develop strategic plans:

"What will it feel like for you if you're to come into contact with us for the first time, whether you're a service user, whether you're a victim, whether you're another organisation, whether you're a family member, whether you're a brand-new staff member — how will you know that you're in a trauma informed organisation?"

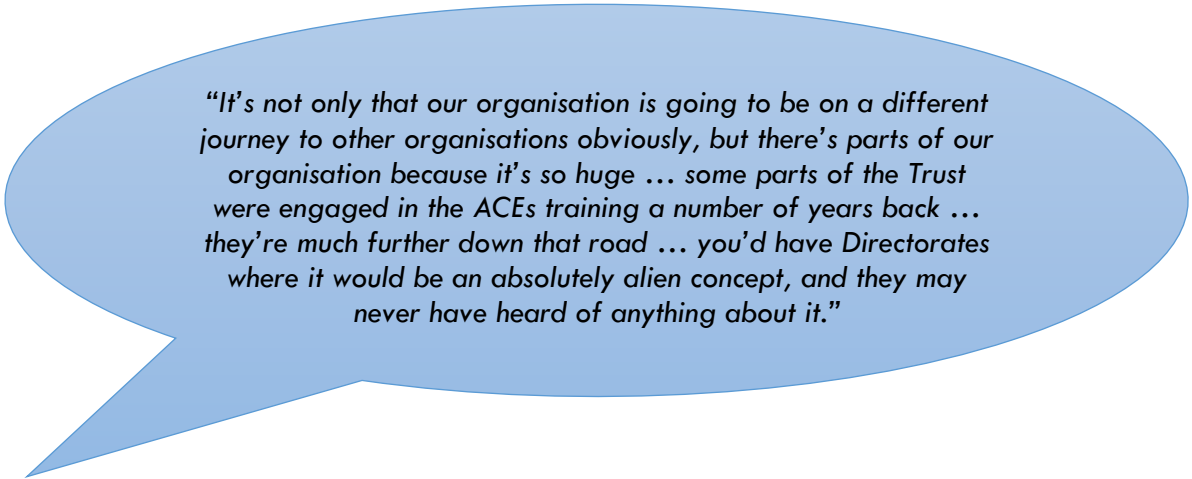
"But what does that mean? How can we prove it if somebody comes in and goes well, show me how do we protect our staff? How do we look at burnout? How do we look at compassion fatigue?"

Developing a guiding vision was a common first strategy for organisation teams: *"What we're aiming for is we want to develop compassionate, nurturing relationship-based practice, that's it."* Central to this vision, was in acknowledging the wider context of the organisation and its place in Northern Ireland: *"it's about understanding the context of it in Northern Ireland and creating that vision"* (Alex). Also, it was deemed to be important from the outset to embed activities that supported data collection for measuring progress, outcomes and statistics: *"those outcome measures have been used now, and we use that information, our statistics and stats and annual reports, but then it gives us a benchmark to work towards"* (Matthew).

The next activity participants discussed engaging with was organisational reviews, which involved examining the organisational enablers and barriers to the implementation of a TIA: *"[referring to information from resources] there is the simple fact that an organisation that takes time to identify its enablers and barriers is three times more likely to succeed than an organisation*

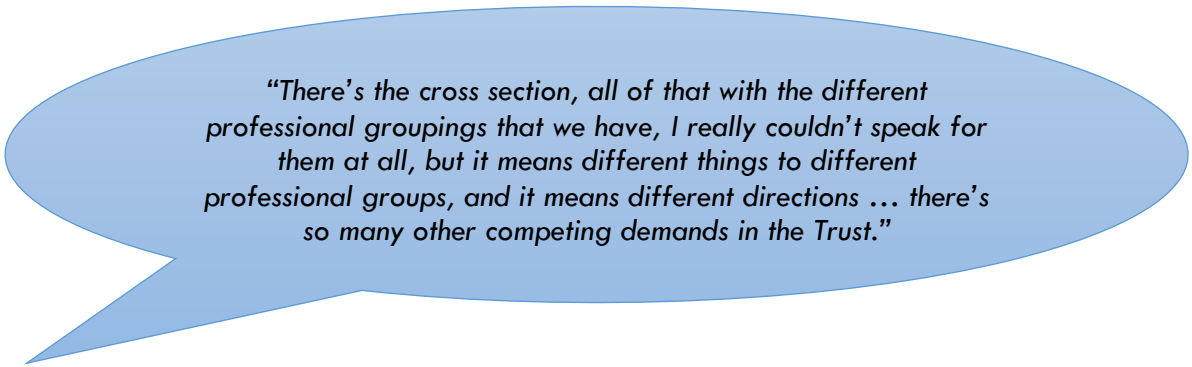
that doesn't" (Alex). It was during this stage that the resources provided by the SBNI and the external assessments supported the teams to begin reflecting on the strengths of their organisation: *"you might have a certain perception of where you are but then when you actually start on this process [that can change]"* (Joanne). This activity helped teams accurately reflect on their existing good practices and support the development of plans for improvement: *"we did have a good foundation laid, but I would definitely say it highlighted some areas that we could definitely step up on, or things that we did miss, or we had gaps in"* (Joanne).

Larger organisations, such as the SHSCT, also engaged with these review activities but in a different way because the different Directorates in the Trust were each at different stages of the process:



"It's not only that our organisation is going to be on a different journey to other organisations obviously, but there's parts of our organisation because it's so huge ... some parts of the Trust were engaged in the ACEs training a number of years back ... they're much further down that road ... you'd have Directorates where it would be an absolutely alien concept, and they may never have heard of anything about it."

Participants compared the process of a review by the team in the SHSCT with trying to implement a TIA across many separate organisations with distinct remits and professionals, but under the one strategy:



"There's the cross section, all of that with the different professional groupings that we have, I really couldn't speak for them at all, but it means different things to different professional groups, and it means different directions ... there's so many other competing demands in the Trust."

This review of Directorates and strategic planning required more tools and resources: *"you'd need a matrix."* Additionally, for the SHSCT, resourcing, the size of the service and differences in provision were central to the decisions on the direction to take and which Directorates to include. Despite challenges, participants expressed motivation, positivity and optimism: *"I don't really regard that as a challenge. It's just where we're at"*, as they developed their overarching strategy and TIA implementation plan:

Non-implementation participants reflected on watching their organisation engage with the implementation of a TIA. Those who were engaged in client work highlighted that unlike the development of other approaches or models, a TIA is not 'new' or owned, and that practitioners who prioritised relationships in their practice were organically using a TIA:

"We were trauma informed before trauma informed became a thing." (Jane)

"We were very much working in a trauma informed way, but it wasn't the buzzword." (Sarah)

Practitioners identified that the 'new' was in the language:

"The language around this is certainly new and how it's framed as new, but it's not that we haven't been doing it." (Michelle)

"The language of trauma and ACEs might be new language, but how they work in practice was nothing new." (Anne)

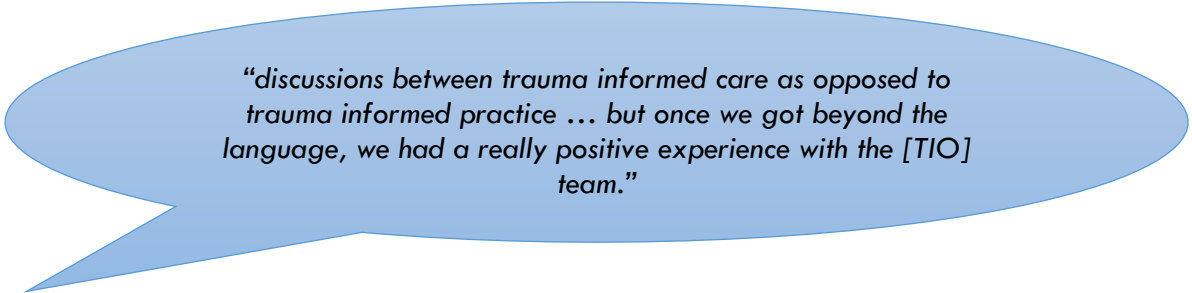
Taking part in training and the TIA implementation process introduced shared language to everyone in the organisation, and participants responded enthusiastically to a structured approach based on research:

"It's so obvious, we knew all of this, but it took the original ACEs studies [1995-1997] to pull it together and thankfully they did because that was then the start of that evidence base being built up and we need an evidence base." (Michelle)

Beginning the process involved collaboration with the SBNI, engaging in organisational reviews to establish a baseline of awareness and practice, and agreeing a shared language for staff to help create a shared vision and strategic goals.

Tailoring the Assessment: Collaboration with External Assessment Team

Participants spoke about their early experiences of initial paperwork and communication with their external assessment team, who had a key role in supporting them to engage in the process. This support included tailoring organisational surveys (TIO) or with producing applications and submissions (OST). The importance of establishing shared definitions was a central topic in external assessments:

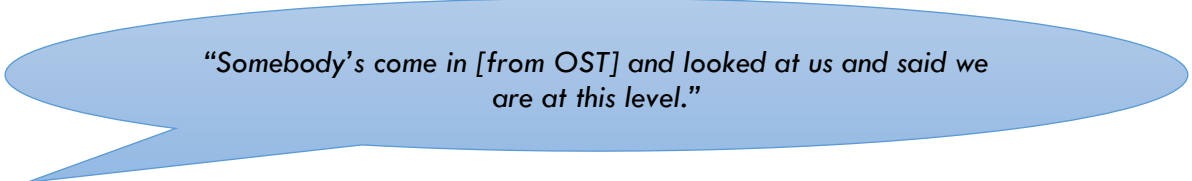


"discussions between trauma informed care as opposed to trauma informed practice ... but once we got beyond the language, we had a really positive experience with the [TIO] team."

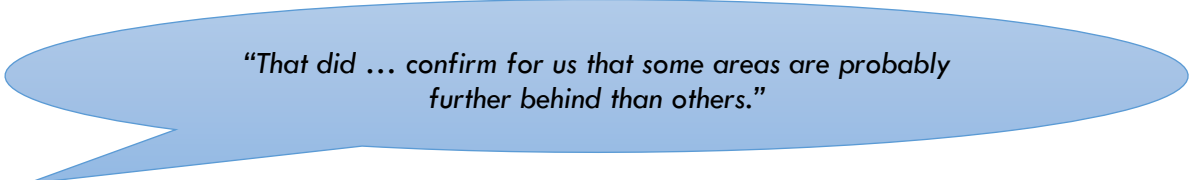
Working in partnership with external assessment teams involved bringing challenges directly to OST and TIO, who were reported as responsive and understanding, providing tailored guidance and support: *"they role-modelled trauma informed approaches"* (Sophie). Participants involved in OST also discussed a site visit: *"She was amazing, she was so lovely, so knowledgeable and just really interested in the work that we do"* (Joanne). The high level of professionalism was also noted: *"The experience of doing that in terms of working with the implementation [TIO] team, they were fantastic, they are so professional."*

Participants valued feeling heard and the flexibility offered regarding submissions: *"she did listen to us and did work with us to prepare the assessment ... they were flexible in terms of the timeline"* (Anne). Participants also described how both OST and TIO teams could signpost and provide them with resources, with some combining both: *"I used both, I leaned very heavily on TIO for the OST application."*

The products of both external assessments were described as meeting organisational needs in different ways. For implementation teams, having an external assessment was important to them for development, transparency and quality assurance:

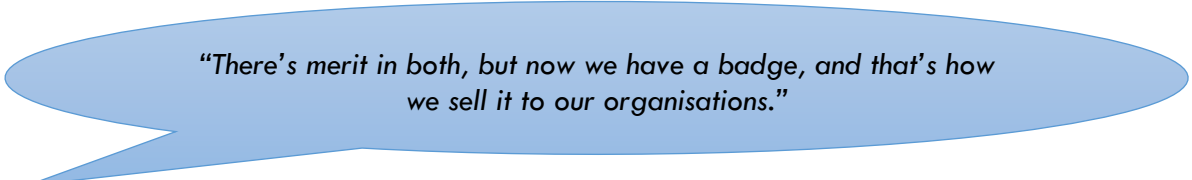


"Somebody's come in [from OST] and looked at us and said we are at this level."



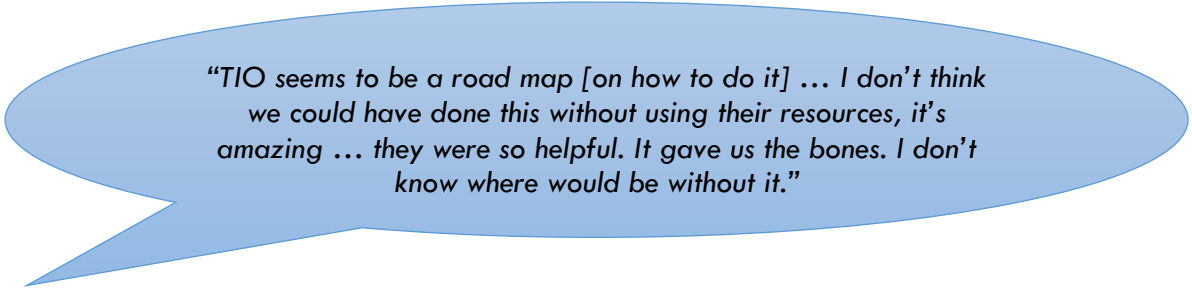
"That did ... confirm for us that some areas are probably further behind than others."

OST providing different award levels (bronze, silver and gold) was reported by one organisation as critical to their process, for motivation, validation and for engaging people working at the organisation in becoming trauma informed:



"There's merit in both, but now we have a badge, and that's how we sell it to our organisations."

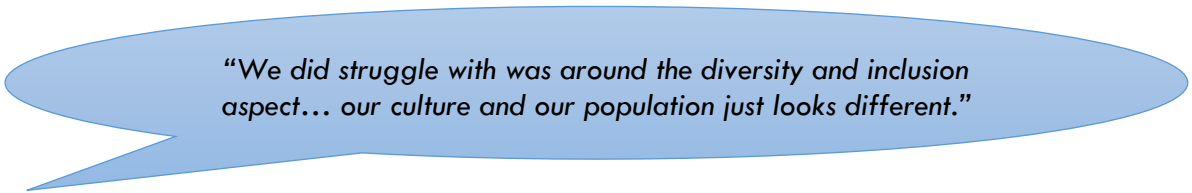
Teams starting out in this process also needed access to expert guidance, shared language and valued specific information on and roadmaps of an organisational TIA:




"TIO seems to be a road map [on how to do it] ... I don't think we could have done this without using their resources, it's amazing ... they were so helpful. It gave us the bones. I don't know where would be without it."

OST is UK-based and TIO is USA-based, and as such the assessments were developed in jurisdictions outside Northern Ireland. Thus, all participants described needing to contextualise their assessments and explain the Northern Ireland context: *"Initially, we had to explain Northern Ireland and how that differed"* (Anne). This adaptation for the Northern Ireland context became a prominent feature for all organisations in the early stages of the process, and whilst TIO and OST were very supportive in tailoring surveys and applications for submission, it was reported to be time-consuming and impacted teams who were already struggling with time and resourcing: *"we tried our best to make it more suitable to the Northern Ireland context, so there was work involved in that for us"* (Michelle). The main feedback from participants was that this experience really emphasised the need for a Northern Ireland-based external assessment tool: *"I think it would be preferable because I think you skip all that bit."*

Another challenge related to the distinct nature of evidencing 'diversity and inclusion' in the Northern Ireland context. Participants found that explaining the nature of cross-community practice and inclusion in Northern Ireland might be perceived differently or misunderstood within the reference points of Great Britain or USA contexts:

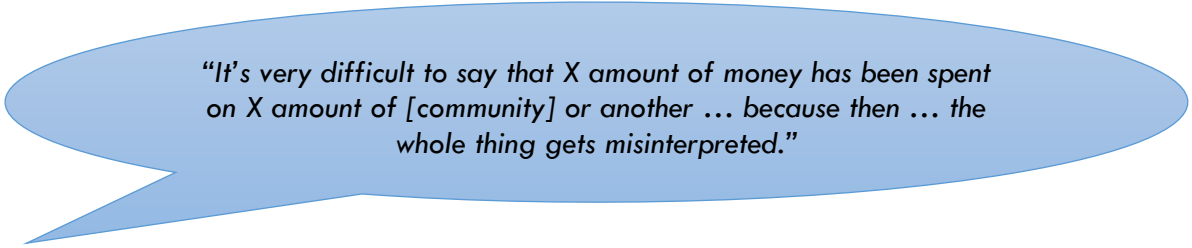


"We did struggle with was around the diversity and inclusion aspect... our culture and our population just looks different."



"I think it's only been really in recent years that Northern Ireland has been seen a little bit more diversity ... and they give us sort of pointers, they were understanding on how it is very different from the rest of the UK."

In Northern Ireland, the Section 75 Northern Ireland Act (1998) came into force in 2000, requiring public authorities to actively address societal inequalities, and ensure that equality of opportunity and good relations are central to all policy and service delivery. Delivering on this Act can involve screening and monitoring of nine protected characteristics including religious group, racial group and sexual orientation. Different agencies employed different approaches and did not always include this data in their monitoring of service users, for other important reasons connected to service provision:

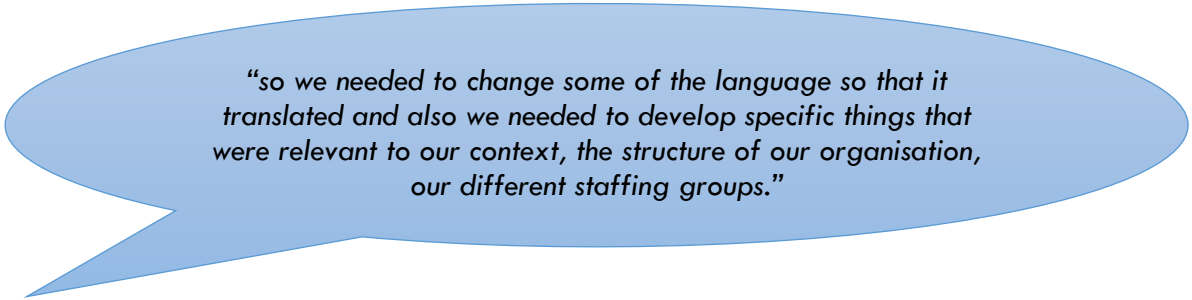


"It's very difficult to say that X amount of money has been spent on X amount of [community] or another ... because then ... the whole thing gets misinterpreted."

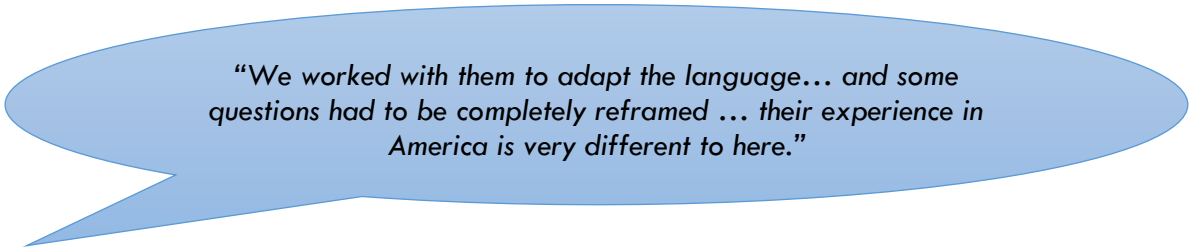
In summary, participants highly valued the assessment processes, resources, support provided by TIO and OST, and the various aspects of each was valued for different reasons. Participants noted the need for a bespoke Northern Ireland-based external assessment, which potentially reduces additional labour for teams already working with resource or time constraints. While the existing SBNI toolkit to support organisations with an internal assessment process is available, participants specifically valued the independent nature of the external assessment. Features of the process specific to each external assessment are outlined below.

Trauma Informed Oregon (TIO)

Participants shared experiences that were specific to the collaboration with TIO, which included challenges and rewards. Challenges with TIO were typically rooted in language and how questions were framed given that TIO is based in the USA, all participants noted that the language was "Americanised":

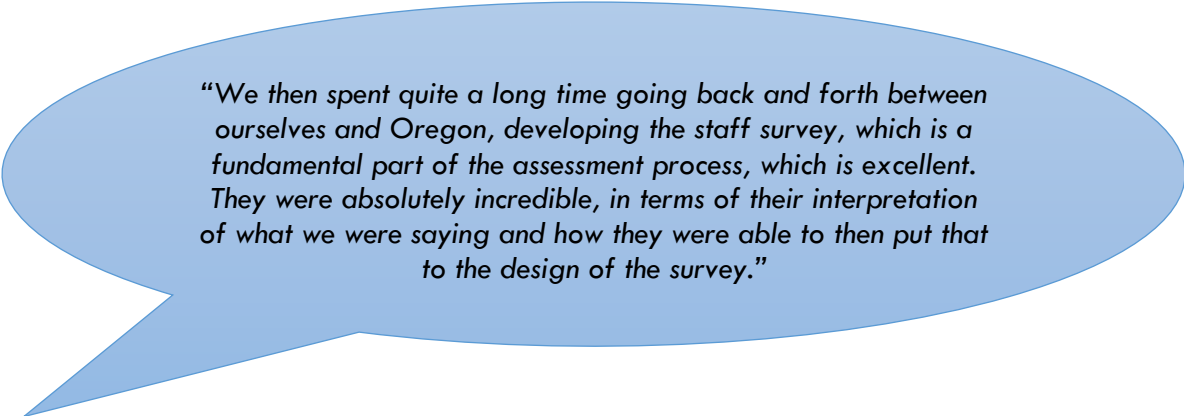


"so we needed to change some of the language so that it translated and also we needed to develop specific things that were relevant to our context, the structure of our organisation, our different staffing groups."



"We worked with them to adapt the language... and some questions had to be completely reframed ... their experience in America is very different to here."

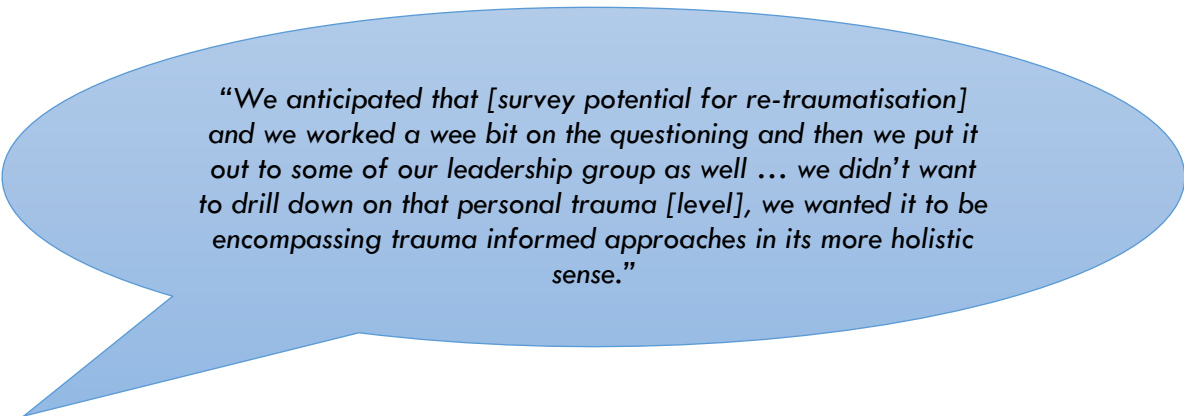
Participants from the SHSCT noted specifically the additional challenge of trying to make a survey suitable across different Directorates in health and social care: *"trying to change some of the language without corrupting the integrity of the question, to change it in a way that people would use it, recognise it, make it more understandable and palatable for people [across all services]."* Nonetheless, the overall experience with TIO was described as positive: *"The process was all relatively straightforward"*, and participants described how they worked in partnership to make the language culturally appropriate for surveys in Northern Ireland:



"We then spent quite a long time going back and forth between ourselves and Oregon, developing the staff survey, which is a fundamental part of the assessment process, which is excellent. They were absolutely incredible, in terms of their interpretation of what we were saying and how they were able to then put that to the design of the survey."

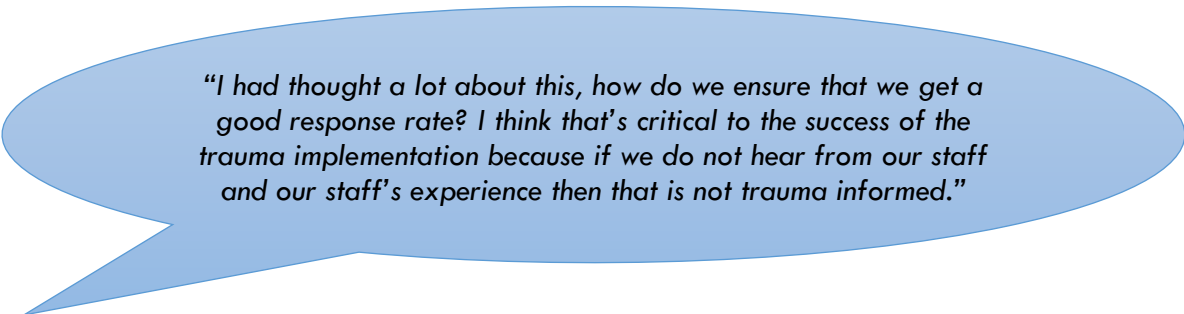
The collaborative, iterative nature of the work with TIO created a positive experience despite the cultural differences between the USA and Northern Ireland contexts.

Participants spoke about taking time for planning and preparing the survey, which was regarded as a critical tool for obtaining insight on the wider organisation through communication with all staff: *"We've taken this as far as we feel we can take it, and we think we're good at stuff [need the staff survey] but that could be us blowing smoke"* (Anne). Connected to the previous discussion on language, some participants described staff survey adaptation, distribution and results as time consuming: *"That took quite a long time"* (Alex). Participants described how they planned and considered how a survey about trauma might impact those completing it:



"We anticipated that [survey potential for re-traumatisation] and we worked a wee bit on the questioning and then we put it out to some of our leadership group as well ... we didn't want to drill down on that personal trauma [level], we wanted it to be encompassing trauma informed approaches in its more holistic sense."

An important issue for participants that used the TIO surveys was ensuring adequate engagement with staff for meaningful implementation of a TIA:



"I had thought a lot about this, how do we ensure that we get a good response rate? I think that's critical to the success of the trauma implementation because if we do not hear from our staff and our staff's experience then that is not trauma informed."

The standard format for communicating in organisations, via emails, was seen as a potentially inadequate method for the distribution of the survey: *"We have information overload in our lives in general ... we get loads and loads of emails so how do we make sure that this messaging doesn't get lost and all of that?"* (Alex). One participant in a large organisation described in-depth the survey communication approaches that they used: *"we put out a series of communications. I sent*

out a series of emails which I had scheduled in advance” and considered during the planning stages how to engage people through media: “and also call to action videos, so little snippets ... saying this is why we’re doing it.” Another participant, working in a smaller organisation, described avoiding online platforms and distributing surveys through more creative means, such as during workshops or training: “We’ve good craic trying to get staff to read normal emails, never mind replying to a survey ... we were more creative in terms of how we did that ... because we know our own organisation.” One participant described the importance of making surveys available over a long period to ensure a thorough collection of staff opinions: “we extended that survey to everybody and put it out for another month across the organisation ... and again asked everybody to vote.”

Typical challenges were reported when asking people to complete surveys: “there was no real resistance to the survey other than they had to do a survey which they don’t like.” Some participants spoke about anticipating negative responses due to experiences with other surveys and observed private concerns at senior management level about hearing what staff had to say: “that was my own apprehension and apprehension of some members of senior management.” Participants were highly satisfied with the success of their planning, obtaining high response rates and engagement with their colleagues: “it was a very high percentage of our staff group” and “people embraced it.”

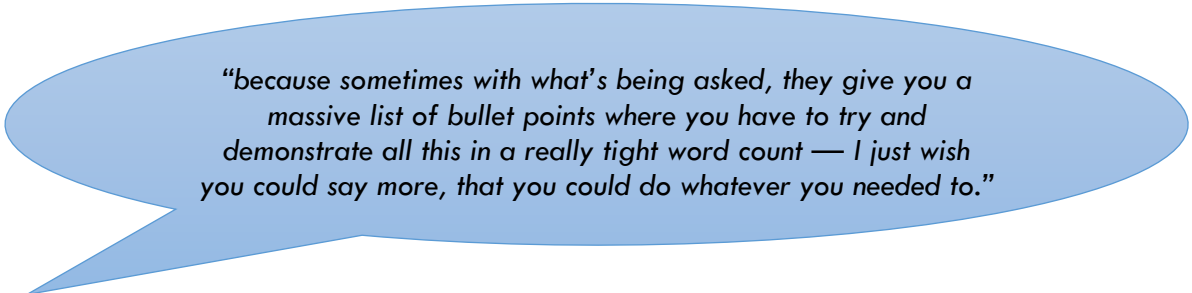
This initial survey activity was valued by the implementation team for ensuring a whole organisation approach, and for listening to people working in the organisation: “I felt that meant that what we got was really, truly representative of our staff and what they felt.”

Once these initial phases were completed, participants described how teams were now in a better position to understand where they stood on their journey towards becoming trauma informed: “the baseline report came through fairly quickly and that’s where we began to get our scores” (Alex). A specific challenge for the SHSCT was in trying to organise data sets collected data across the three Directorates of the organisation, without indication of how answers were organised across Directorates: “what we’ve got are our global scores and global recommendations, now how do we unpick that?” Participants shared their learning that understanding the specific findings from specific Directorates involved would have supported strategic planning.

Overall, collaboration with TIO for tailoring and distribution of surveys was recognised to be a rewarding process. The process required time, dedication, creativity, and the courage to engage with the whole organisation in an effort to truly understand organisational culture in the meaningful work towards the implementation of an organisational TIA.

One Small Thing (OST)

Participants discussed experiences of working with OST in the assessment process. It is important to note that only one participating organisation worked with OST, thus there is less data in relation to this external assessment. For OST, participants reported that an initial reading of the submission process provided helpful suggestions: “it’s making you think about things that you may not have really considered before policies, procedures ... we could be looking at this or we could be doing that.” Some participants also reported initial challenges when completing the application to include information about the wider Northern Ireland context:

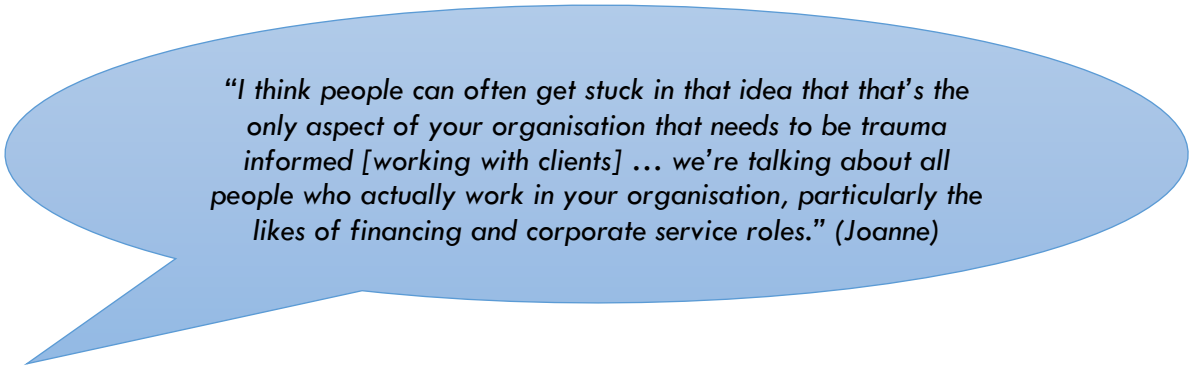


“because sometimes with what’s being asked, they give you a massive list of bullet points where you have to try and demonstrate all this in a really tight word count — I just wish you could say more, that you could do whatever you needed to.”

Despite OST being UK-based, making the language culturally appropriate to the Northern Ireland context was an important first step: *“it was just different language needed to be tweaked about what they were looking for and they were really open for us to do that.”* Participants spoke about working to ensure that the cultural and organisational relevance of their assessment was communicated. Participants described trying to adequately provide the information required in their application for a fair assessment on their own terms, with awareness and recognition of the social context in Northern Ireland: *“with our cohort of clients, particularly the Troubles, conflict clients, they’re of a certain age and a certain ethnicity and background and we had to highlight that to One Small Thing.”* These challenges were brought to the OST support team, who provided feedback and communication, directly supporting the implementation teams to solve application problems in real-time for their submission. Teams described the outcome as feeling that their applications were contextualised, tailored and valued: *“and they had the assessor who came out to visit us ... she was just really interested in ... everything that goes on over here, that was so helpful.”* Participants particularly valued the opportunity to discuss the complexities of the Northern Ireland context in person, rather than solely in written form, which during the planning phases provided reassurance and confidence in their application: *“and I think that gives you a bit of time to add a bit of context to when you’re face to face with somebody.”* The close collaboration with OST, with opportunities for interpersonal communication to work through challenges with the process, was recognised to be valuable for engaging in the external assessment process.

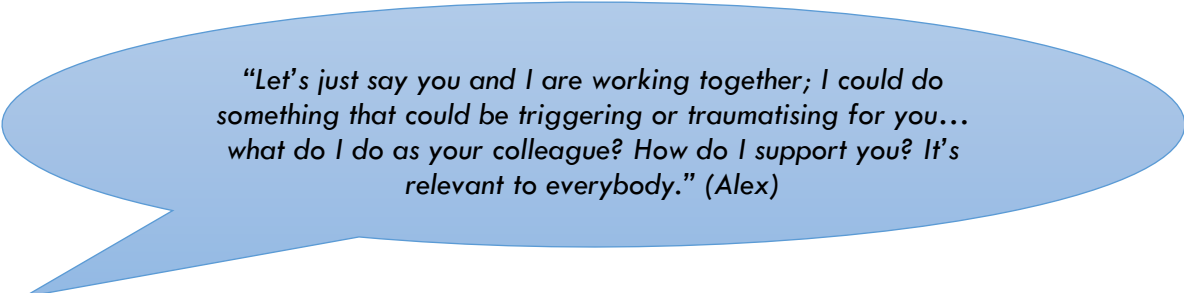
Whole Organisation Approach

A key strategy early on for ensuring meaningful change involved whole organisation inclusion during TIA implementation planning: *“to be fully a trauma informed organisation, it’s not just about frontline staff, we need to think about delivery or service design, it is about absolutely all of it”* (Alex). An important aspect in the establishment of TIA teams involved bringing together passionate people who were from different roles and backgrounds, which could model organisational inclusivity and a whole organisation approach: *“I think a big chunk of our staff would be left out if we thought it was just a social work piece.”* Using the resources provided by the SBNi and the external assessments supported tailored whole-organisation communication strategies:



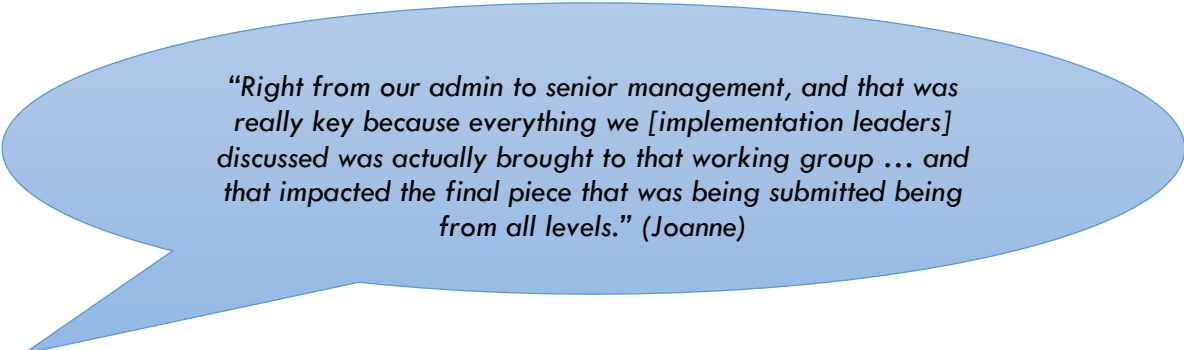
“I think people can often get stuck in that idea that that’s the only aspect of your organisation that needs to be trauma informed [working with clients] ... we’re talking about all people who actually work in your organisation, particularly the likes of financing and corporate service roles.” (Joanne)

Given that practitioners were typically described as already using TIA in their work, engaging all teams to consider policies, practices and spaces was critical to move forward with plans: *“... the shift within the organisation was about, it’s not something you do, it should be a way of being, and a way of working, and it should be a cultural norm”* (Anne). Participants provided information to support staff to reflect on workplace dynamics and how people treat and respond to each other within organisations:



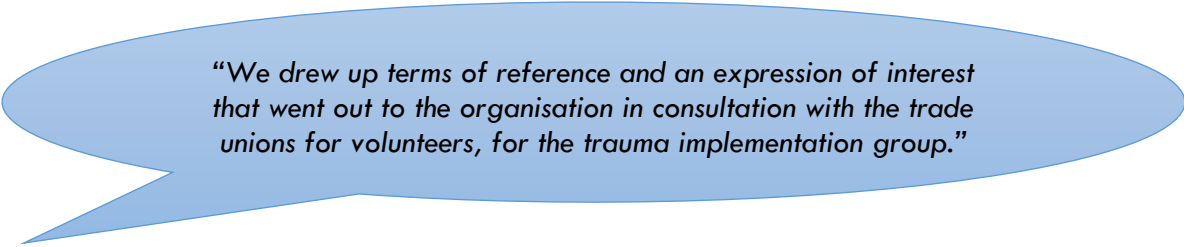
"Let's just say you and I are working together; I could do something that could be triggering or traumatising for you... what do I do as your colleague? How do I support you? It's relevant to everybody." (Alex)

Working groups and organisational feedback were key to engaging a whole organisation approach, deemed fundamental in both external assessments. All participants spoke about how their implementation strategies were centrally informed by additional working groups to the implementation team. Trauma leads spoke about the importance they placed on having representation from every team or department to ensure inclusive participation:



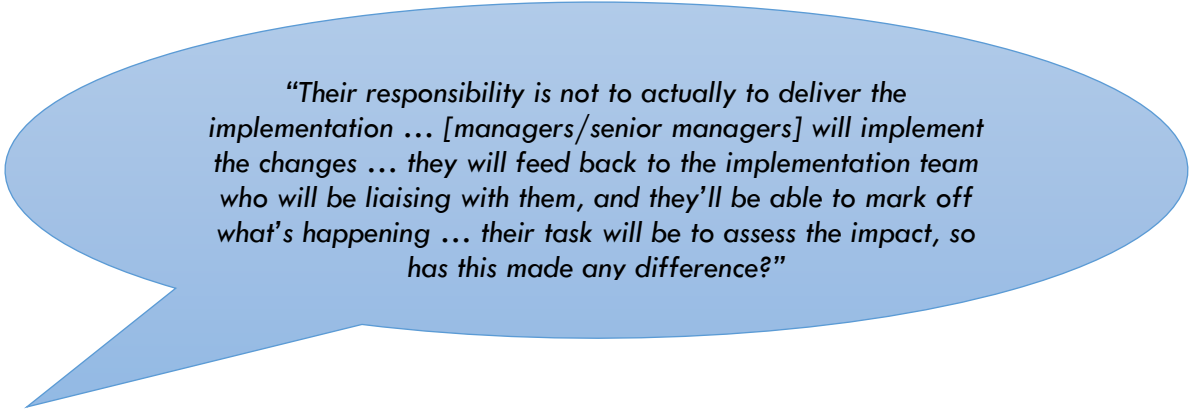
"Right from our admin to senior management, and that was really key because everything we [implementation leaders] discussed was actually brought to that working group ... and that impacted the final piece that was being submitted being from all levels." (Joanne)

Larger organisations took more strategic approaches to inclusion, giving important attention to devising recruitment plans and terms of reference for working groups:



"We drew up terms of reference and an expression of interest that went out to the organisation in consultation with the trade unions for volunteers, for the trauma implementation group."

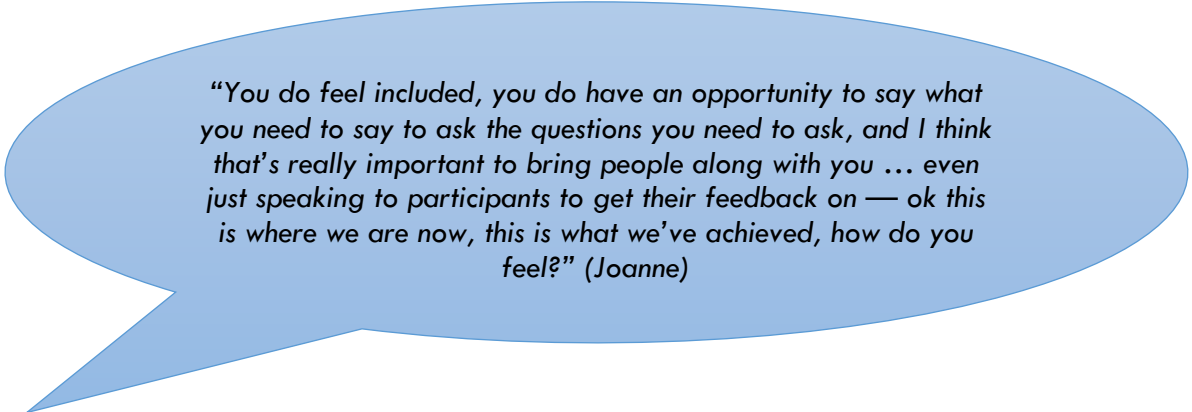
Participants expressed satisfaction that this task had been completed to a high standard: *"I'm pretty pleased about actually how the group is made up. I think it's pretty representative on the whole [organisation] and their job will be to develop the plan."* Participants spoke about having trauma champions, who were people that bridged connections between managers, staff teams and working groups: *"...and having also trauma champions too, we have those who are representative throughout the organisation and every team as well"* (Joanne). Importantly, one participant commented on devising specific guidelines for working groups, appropriate boundaries for implementation and clear demarcation regarding accountability:



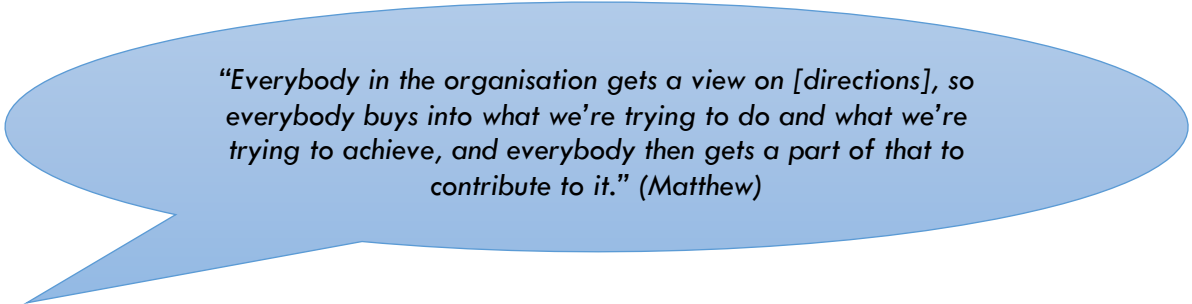
"Their responsibility is not to actually to deliver the implementation ... [managers/senior managers] will implement the changes ... they will feed back to the implementation team who will be liaising with them, and they'll be able to mark off what's happening ... their task will be to assess the impact, so has this made any difference?"

Participants not on implementation teams noted and commended teams for their inclusive recruitment and transparency: *"regardless of whether you were on the implementation team or not, you could say 'I'm interested'"* (Emma).

Participants spoke about how staff voice and feedback were supported through clear channels of communication and active inquiry from those leading:

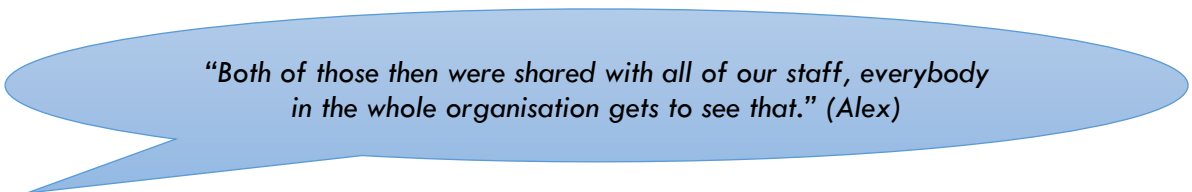


"You do feel included, you do have an opportunity to say what you need to say to ask the questions you need to ask, and I think that's really important to bring people along with you ... even just speaking to participants to get their feedback on — ok this is where we are now, this is what we've achieved, how do you feel?" (Joanne)



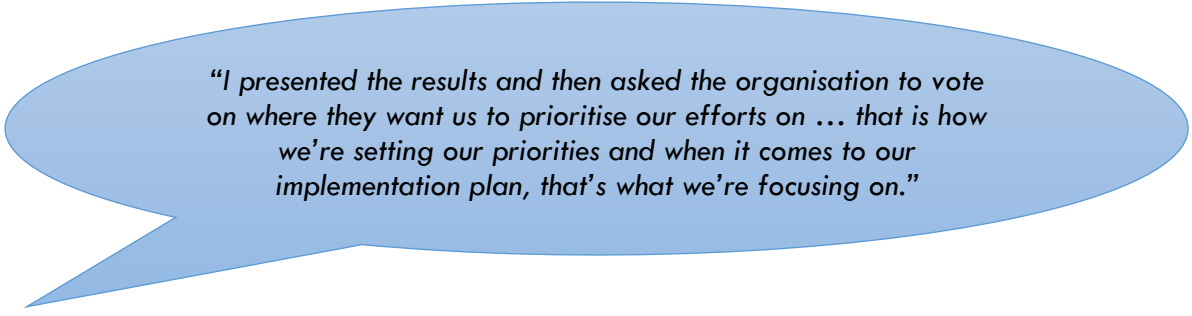
"Everybody in the organisation gets a view on [directions], so everybody buys into what we're trying to do and what we're trying to achieve, and everybody then gets a part of that to contribute to it." (Matthew)

Closing feedback loops was described through multiple approaches. Teams spoke about regularly reviewing their progress: *"We continue to meet, and trauma informed will always be a part of that ongoing, work plan that will be continually working on"* (Joanne), and importantly making all survey findings, reports, and assessment outcomes accessible:



"Both of those then were shared with all of our staff, everybody in the whole organisation gets to see that." (Alex)

Participants also described using reports as opportunities to re-evaluate and review progress and ensure they were aligned with staff voice:



"I presented the results and then asked the organisation to vote on where they want us to prioritise our efforts on ... that is how we're setting our priorities and when it comes to our implementation plan, that's what we're focusing on."

Engaging in a whole organisation approach was fundamental, in both assessment processes, to support the meaningful embedding of an organisational TIA.

Theme Summary

This theme provides insights into the initial stages of the assessment process including; beginning the TIA process, tailoring assessment tools in collaboration with the external assessor, processes specific to each assessment (TIO and OST), and strategies to support engagement with a whole organisation approach. The next theme relates to key features throughout the assessment and implementation process.

Theme 3: Key Features of an Organisational TIA Assessment and Implementation Process

"It's about that compassionate leadership through the team, we're only as good as the people we have in and around us."

This theme relates to participants' experiences of the key features in the process of implementing an organisational TIA through engagement in an external assessment process. The process involved developing understanding to implement organisational changes, mitigating risks of re-traumatisation, and navigating organisational responses. The rewards and challenges in the lived experience of the trauma lead role were highlighted. The SBNI was recognised as integral to the assessment and implementation process.

Five sub-themes were identified:


1. Developing Understanding
2. Mitigating Risks of Re-Traumatisation
3. Navigating Organisational Responses
4. Leading TIA Implementation
5. Role of the SBNI

Developing Understanding to Implement an Organisational TIA

For teams beginning to implement changes within their organisation, developing understanding of their organisation and of the meaning of an organisational TIA, through resources and reports, helped to address overwhelm or uncertainty. Teams described identifying initial activities from resources and reports that could help begin implementing changes and boost motivation: *"we'll start with the easy things and then that will build confidence and then that will filter down ... just start building some momentum and moving this thing forward"* (Alex). They described often initially addressing *"quick wins"* or *"low hanging fruit"*, which involved making small manageable changes that could be implemented quickly:

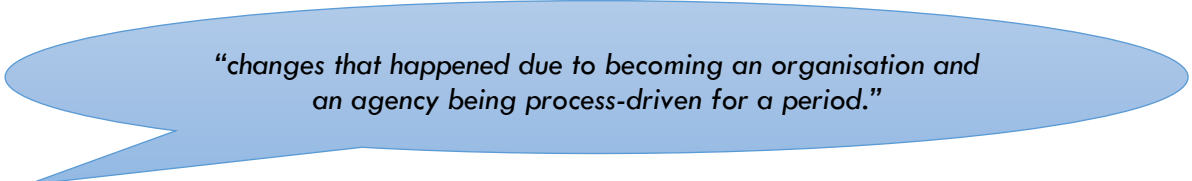
"the things that would be able to do fairly quickly without a huge amount of resource that we would be able to tackle straight away." (Alex)

When implementing changes across all aspects of an organisation, implementation team leads described regularly returning to working groups, implementation meetings and referring to their guiding principles: *"...am I being compassionate? Is this nurturing? Is this enhancing or is what I'm doing getting in the way of that?"* It was also considered helpful when implementing changes to incorporate any activities that could develop understanding and keep focus on the theme of trauma:



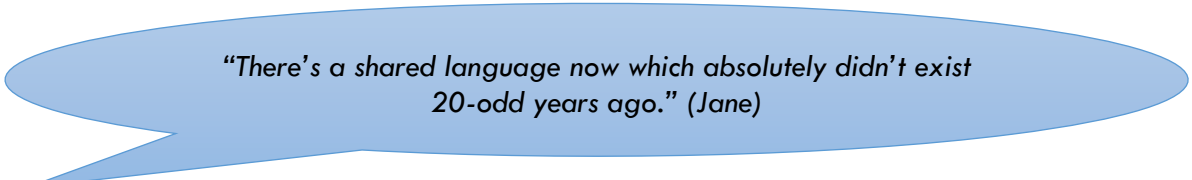
"Our Non-Executive Board are holding a trauma themed board morning, this is an important event because it's symbolic as much as anything else."

Those working in organisations who had started their TIA implementation process before engaging with the SBNI noted their longitudinal observations of organisational changes: *"I have been in the organisation a long time and we've seen a lot of changes"* (Jane). One participant noted that the formal implementation work, through the SBNI and the external assessments, helped embed their needs-led practices, which for some had been deprioritised over the preceding decade(s) because of the focus on other aspects of practice, such as process:



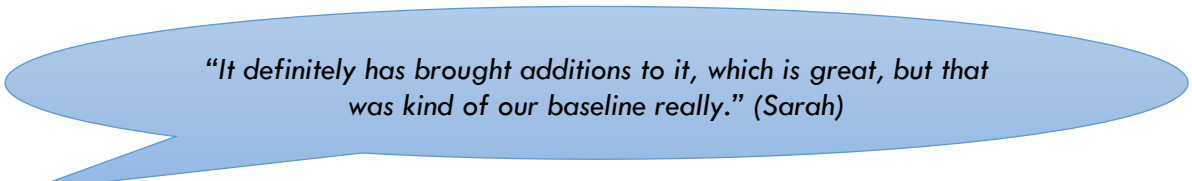
"changes that happened due to becoming an organisation and an agency being process-driven for a period."

These 'new' changes for practitioners connected them to original and familiar practices that they valued, resulting in smooth transitions: *"... there was a real hope that some of the trauma informed things was about getting back to basics"* (Sarah). Practitioners related their view that in recent years, there is more value placed on a TIA in organisations and that the frameworks and shared language have advanced understanding and thus facilitated this shift in organisational culture:



"There's a shared language now which absolutely didn't exist 20-odd years ago." (Jane)

Engaging in the TIA implementation process has helped to solidify this cultural shift in organisations, whilst the willingness to engage in the process requires an organisational awareness and acceptance of the need for an organisational TIA:

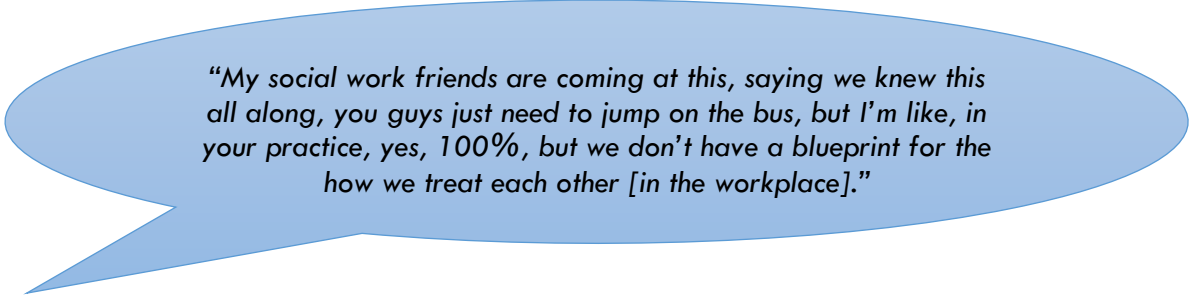


"It definitely has brought additions to it, which is great, but that was kind of our baseline really." (Sarah)

Another participant explained that the TIA process had already supported some changes to paperwork, that it is now better aligned with how practitioners have been working: *"what we record and how we record, I think that has changed more to reflect a TIA from a practitioner's point of view"* (Joseph).

For participants in PTO roles, especially those who were learning about a TIA for the first time, these approaches were new for them and were representative to them of the wider changes and progressions within society: *"I don't feel like we're trying to get back to anything ... this is new, I think we have to approach it as — it's new and it's new for everybody."* Therefore, the meaning of TIA could hold a dual nature, being experienced by people as either established or new, or both. A TIA existed already in some domains (practice) but can be new to others

(workplace relations) and they could be new within theoretical domains (development of shared language), or overarching structural domains (policy). One participant highlighted the advantage in thinking about a TIA as a new concept, that this holistic organisational approach could support practitioners who use trauma informed practice to identify gaps in application beyond their client work:

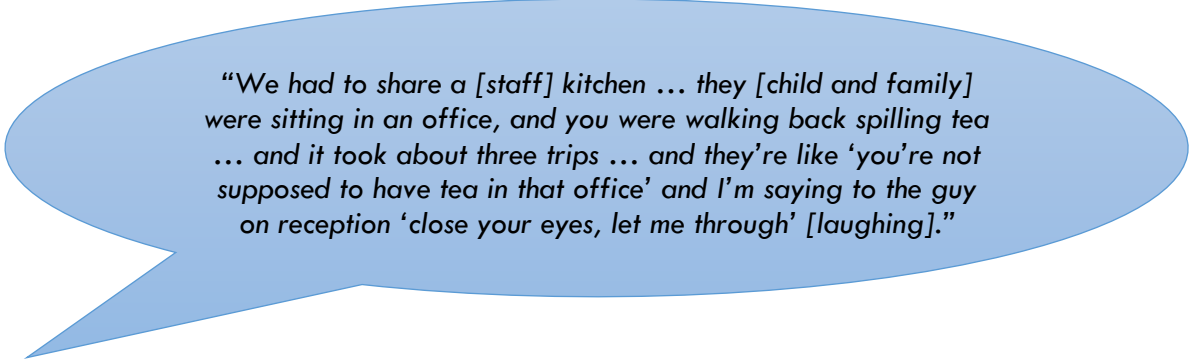


"My social work friends are coming at this, saying we knew this all along, you guys just need to jump on the bus, but I'm like, in your practice, yes, 100%, but we don't have a blueprint for the how we treat each other [in the workplace]."

Thus, recognising the dual nature of a TIA, as both 'new' and 'not new', could create opportunities to improve staff experiences within their organisations and enhance the quality of relationships between staff.

Physical Spaces

Many organisations discussed the role of physical spaces, which are an important aspect of implementing an organisational TIA in recognition of the ways that the physical environment impacts both staff and clients. Participants spoke about how the changes proposed in their implementation plans for staff areas came from consultations with working groups and how they sought permission or approval from senior management: *"We'll [come up with idea] and then it will be brought from the staff to the committee to the senior management to approve it"* (Matthew). Participants also noted how their physical spaces, such as receptions, could impact service users' feelings of safety. As such, teams had plans to address physical spaces. When working with people or families attending a service, who can be distressed, an important aspect of TIA was in offering comfort and psychological safety in a suitable space. One participant noted how relocating to a shared physical space, due to cost cutting, had reduced access to important amenities that impeded their ability to use a TIA: *"When I joined the agency years ago, we had an art room, we had more resources in our building like a kitchen for toast and a washing machine."* This participant spoke about how practitioners typically responded to restrictions and unsupportive policies that resulted in staff having to create 'workarounds' to meet the service user's needs:



"We had to share a [staff] kitchen ... they [child and family] were sitting in an office, and you were walking back spilling tea ... and it took about three trips ... and they're like 'you're not supposed to have tea in that office' and I'm saying to the guy on reception 'close your eyes, let me through' [laughing]."


Some of the reported restrictions to physical spaces were unavoidable due to cost-cutting, but recent changes in relation to TIA implementation brought recognition and support for the role of space and basic amenities back into focus: *"we have got a management structure and they*

actually say, 'okay there's a value to it, there's food and provisions and refreshments and stuff' ... there is even an encouragement to have supplies."

Awareness of the physical environment in organisations and the impact thereof on staff and service users, is an important consideration in the TIA assessment and implementation process.

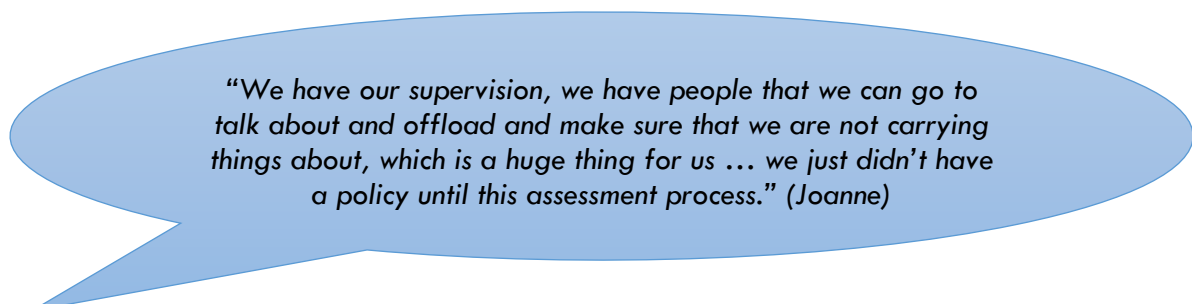
Organisational Policies and Procedures

Participants referred to policy reviews, as part of the external assessment, which supported implementing an organisational TIA: "we also did the second part of the Oregon processes that they do, a document review, and we send them our policies and procedures." Trauma leads reflected on how both external assessments supported them in adjusting policies ("it's really a case of we're going to be tweaking things") or at improved evidencing of existing practices:



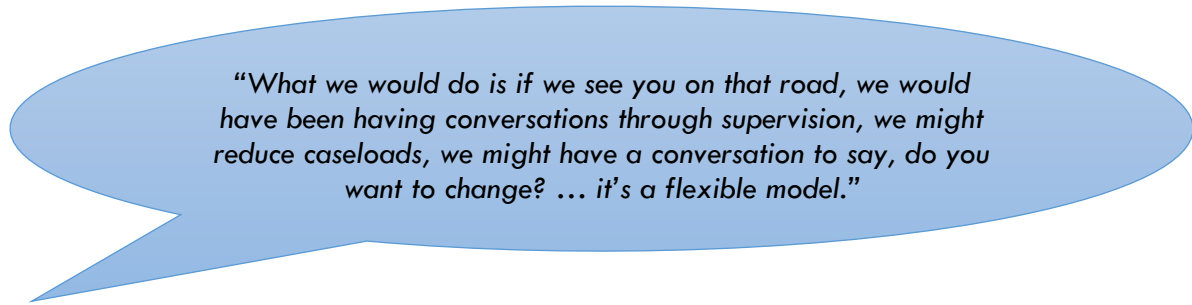
"A lot of our HR and policies did reflect a trauma informed approach ... we've brilliant examples, real examples of where we did quality assurance ... but we didn't have one overarching policy." (Sophie)

Some trauma leads spoke about the importance of including senior staff in the policy review with external assessments: "we've also got the director of our human resources on board ... they were fantastic, did a one-hour interview with [Oregon team], and also provided all our documentation." Participants noted that implementing a TIA into policy was also easier when their organisation used compatible models: "our assessment tool has changed over from a very risk-based approach to a needs-based approach" (Jane). Participants also mentioned how the TIA implementation process had improved policies about access to supervision:



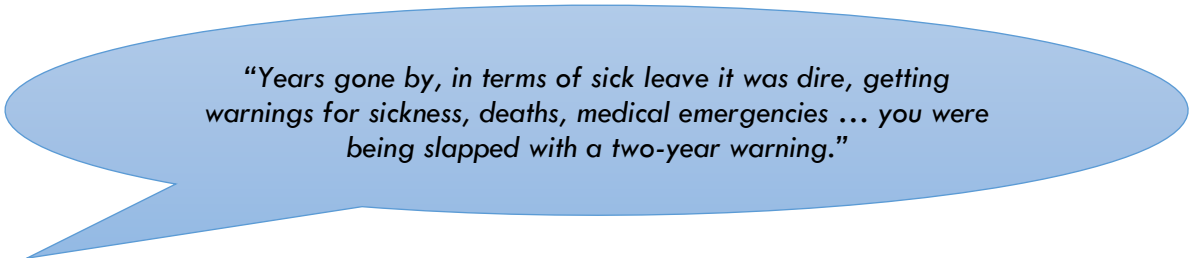
"We have our supervision, we have people that we can go to talk about and offload and make sure that we are not carrying things about, which is a huge thing for us ... we just didn't have a policy until this assessment process." (Joanne)

Linked with this topic of supervision was acknowledging or anticipating staff 'burnout', and how improved policies can provide strategies for prevention:



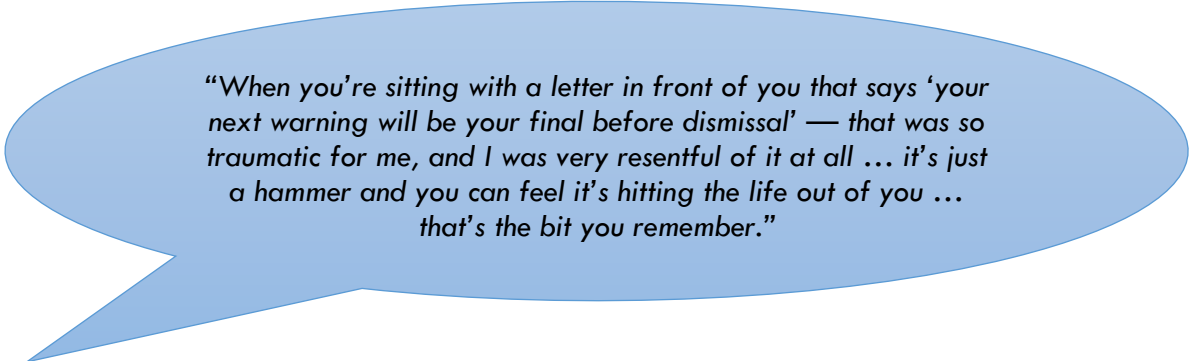
"What we would do is if we see you on that road, we would have been having conversations through supervision, we might reduce caseloads, we might have a conversation to say, do you want to change? ... it's a flexible model."

Three participants who were not on implementation teams described the positive changes that had been made to staff policies, which had directly impacted them in the past. Participants shared their stories of having received inadequate support from their organisation regarding sick leave-related absences, reporting experiences of feeling punished and vulnerable:



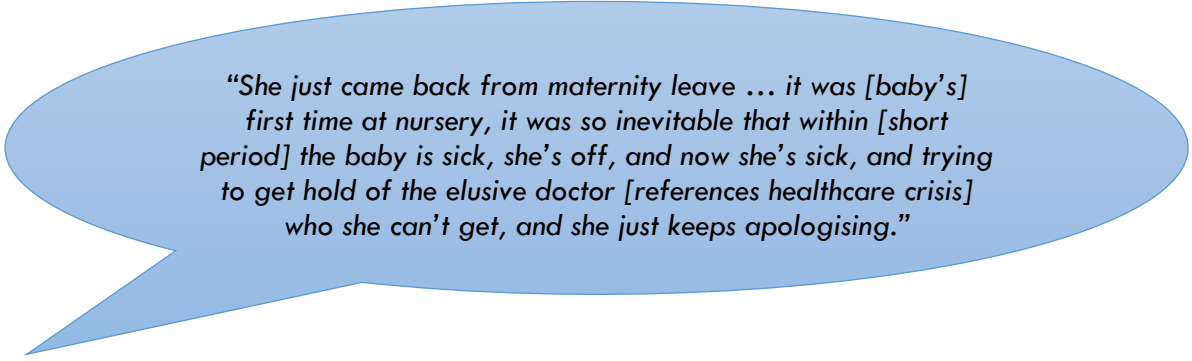
"Years gone by, in terms of sick leave it was dire, getting warnings for sickness, deaths, medical emergencies ... you were being slapped with a two-year warning."

Both participants shared that the application of this organisational policy had caused them re-traumatisation:



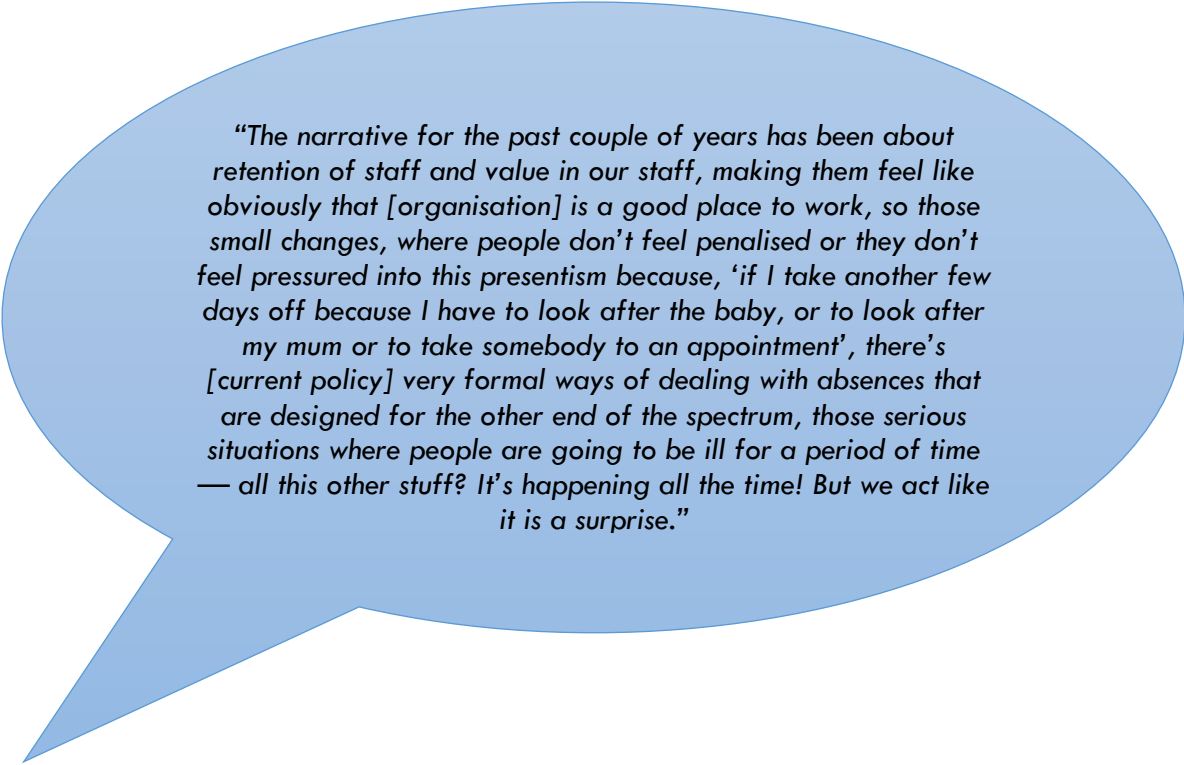
"When you're sitting with a letter in front of you that says 'your next warning will be your final before dismissal' — that was so traumatic for me, and I was very resentful of it at all ... it's just a hammer and you can feel it's hitting the life out of you ... that's the bit you remember."

Participants also discussed the types of absences that can be expected which were related to the shared experience of working and having caring responsibilities, which for some staff, particularly women, could trigger feelings of stigma or fear for their jobs:



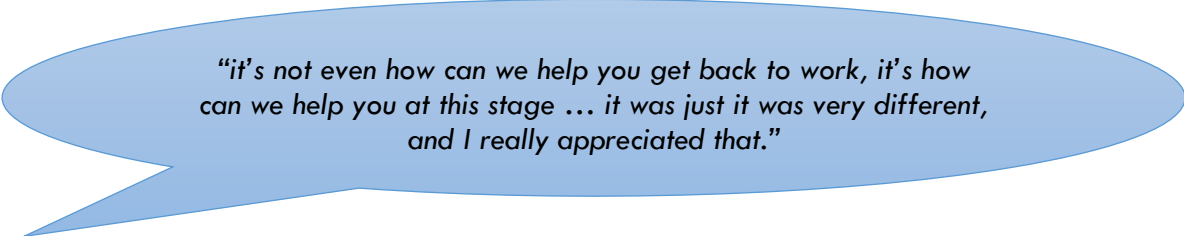
"She just came back from maternity leave ... it was [baby's] first time at nursery, it was so inevitable that within [short period] the baby is sick, she's off, and now she's sick, and trying to get hold of the elusive doctor [references healthcare crisis] who she can't get, and she just keeps apologising."

This participant noted that a meaningful TIA can consider how to improve policy to be inclusive of those with ongoing caring responsibilities and how inadequate policies can impact the implementation of a TIA and have gender specific impacts: *"women still carry the burden of childcare, that debate doesn't happen [in the home or society], it's just that's the way it is, it's so assumed and so subsumed into culture that you don't even question it."* The economic impact on having families or having caring responsibilities was reported: *"I took that big cut; it had a big impact."* Trauma informed policies can consider how to be more inclusive and reduce administrative burdens for people feeling that they have to use 'workarounds' and/or take personal sick leave:



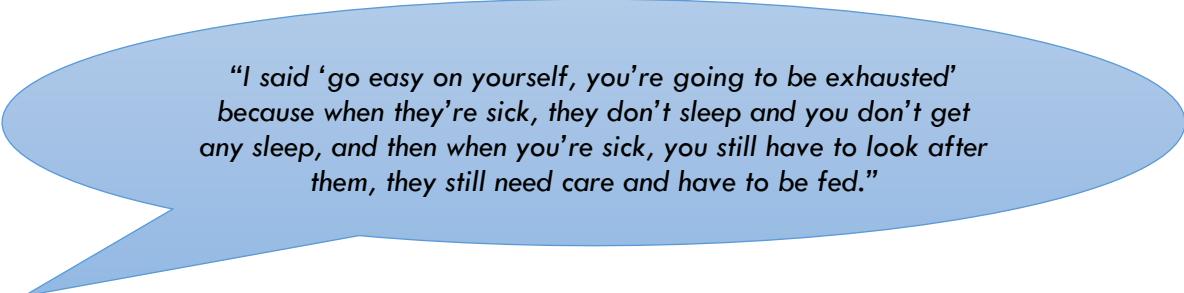
"The narrative for the past couple of years has been about retention of staff and value in our staff, making them feel like obviously that [organisation] is a good place to work, so those small changes, where people don't feel penalised or they don't feel pressured into this presentism because, 'if I take another few days off because I have to look after the baby, or to look after my mum or to take somebody to an appointment', there's [current policy] very formal ways of dealing with absences that are designed for the other end of the spectrum, those serious situations where people are going to be ill for a period of time — all this other stuff? It's happening all the time! But we act like it is a surprise."

There were some reports of improved policy due to TIA implementation, which was described as meeting staff where they were at during illness absence and in their return to work, whereby participants felt valued in their work and so supported recovery:



"it's not even how can we help you get back to work, it's how can we help you at this stage ... it was just it was very different, and I really appreciated that."

An organisational TIA also supported managers with means to provide staff with support during absences while caring for others, and supporting staff to understand how these circumstances are predictable and acceptable, expressing empathy and providing care to staff managing stigma, or who are concerned about how their absences are perceived:



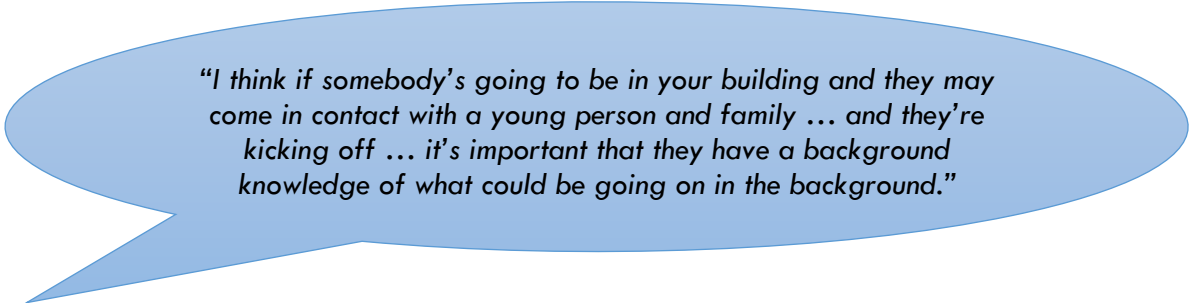
"I said 'go easy on yourself, you're going to be exhausted' because when they're sick, they don't sleep and you don't get any sleep, and then when you're sick, you still have to look after them, they still need care and have to be fed."

Changes to policy to support staff were considered central to an organisation's work in meeting service user needs: *"when [client group] need us to meet them in their need, we also need the people that are over us to meet us and our need"* (Sarah). These findings show the importance of

valuing staff in the implementation of an organisational TIA, to create the ripple effect for service users feeling valued and cared for in their interactions with organisations.

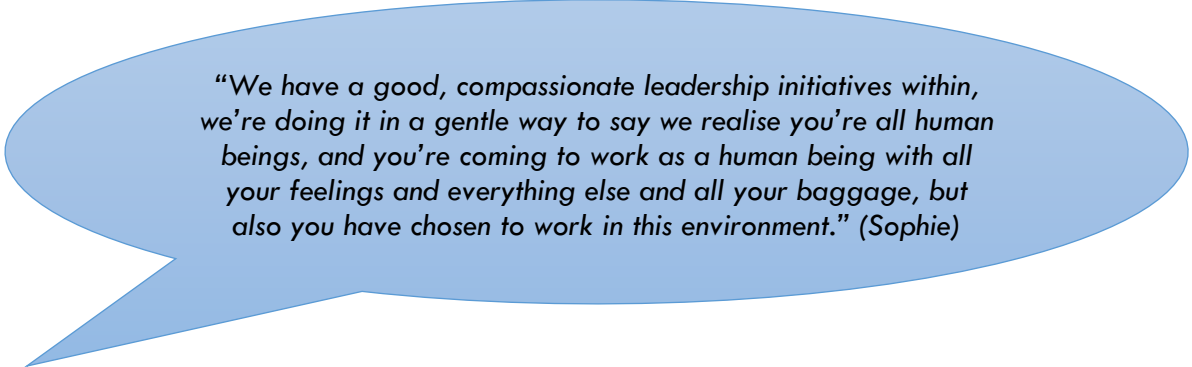
Support for Staff

Compassionate leadership was recognised to be essential to ensure that staff feel supported in their roles: *"it's about that compassionate leadership through the team, we're only as good as the people we have in and around us."* The participating organisations work with diverse populations. Participants commonly discussed the importance of staff being trained in a TIA, particularly those who could be exposed to trauma in the workplace or meet with traumatised people from a range of backgrounds using services:



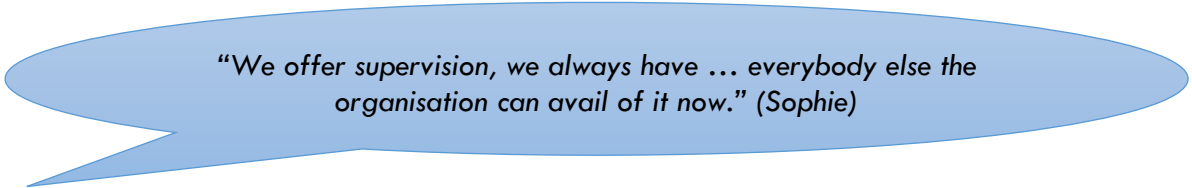
"I think if somebody's going to be in your building and they may come in contact with a young person and family ... and they're kicking off ... it's important that they have a background knowledge of what could be going on in the background."

Participants commented on the coping methods used by some people in organisations in relation to their work: *"There are people that are shut off to it ... and also that keeps themselves safe and safe from vicarious trauma"* (Sophie). Participants spoke about the task of improving TIA awareness and access to training but doing so in ways to avoid re-traumatisation:

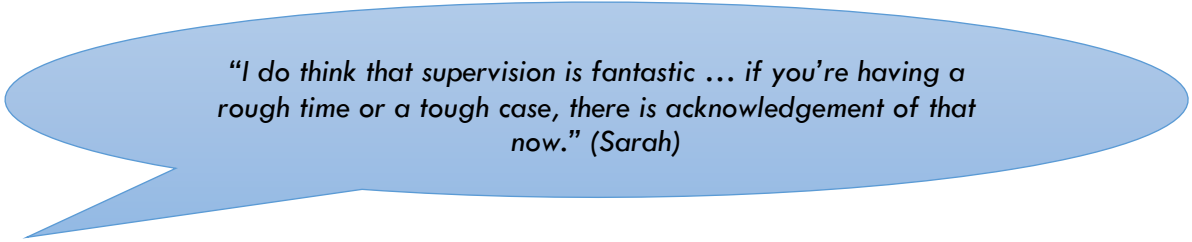


"We have a good, compassionate leadership initiatives within, we're doing it in a gentle way to say we realise you're all human beings, and you're coming to work as a human being with all your feelings and everything else and all your baggage, but also you have chosen to work in this environment." (Sophie)

Non-implementation participants noted organisational activities about improving awareness of the role of supervision and approaches to managing caseloads: *"there's a greater emphasis on vicarious trauma from your cases and yourself and how you're managing your caseloads and the stress within that"* (Joseph). Some participants spoke of improvements to existing supervision policy, and how policy was now being implemented more meaningfully due to the TIA implementation process:

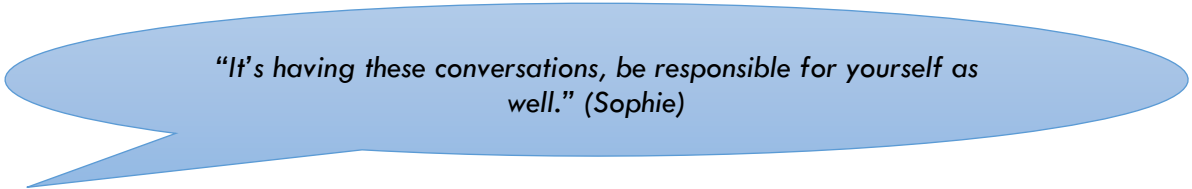


"We offer supervision, we always have ... everybody else the organisation can avail of it now." (Sophie)

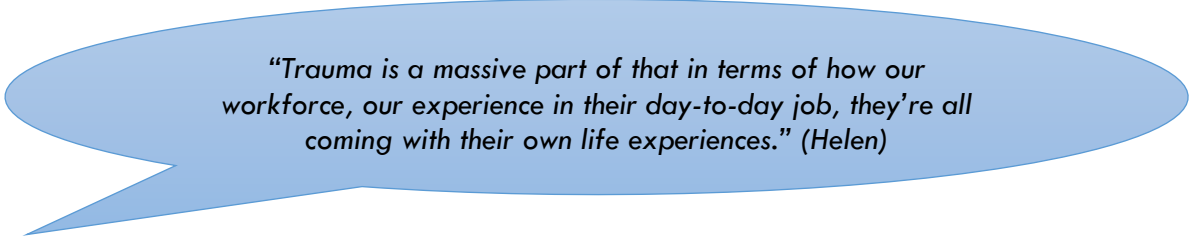


"I do think that supervision is fantastic ... if you're having a rough time or a tough case, there is acknowledgement of that now." (Sarah)

There were also increased opportunities to discuss the importance of taking care of others and of the self when working in organisations supporting traumatised people:

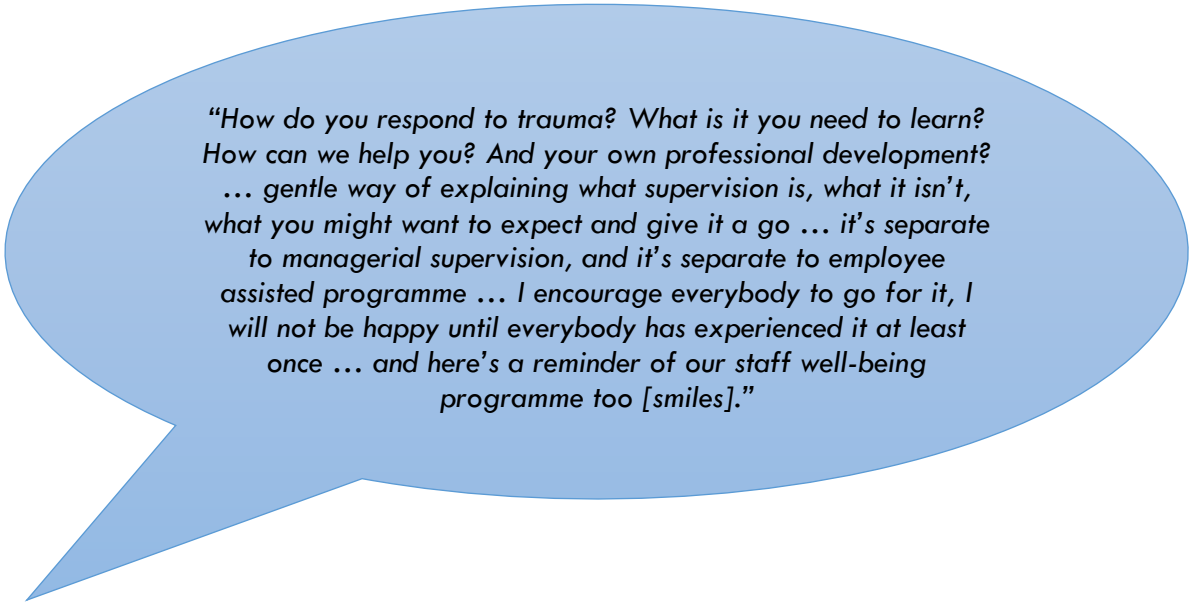


"It's having these conversations, be responsible for yourself as well." (Sophie)



"Trauma is a massive part of that in terms of how our workforce, our experience in their day-to-day job, they're all coming with their own life experiences." (Helen)

One trauma lead was very clear that advertising supports alone was not enough, and described that they saw it as their role to actively speak with colleagues on a one-to-one level, to improve their understanding about supervision and its value in their lives:



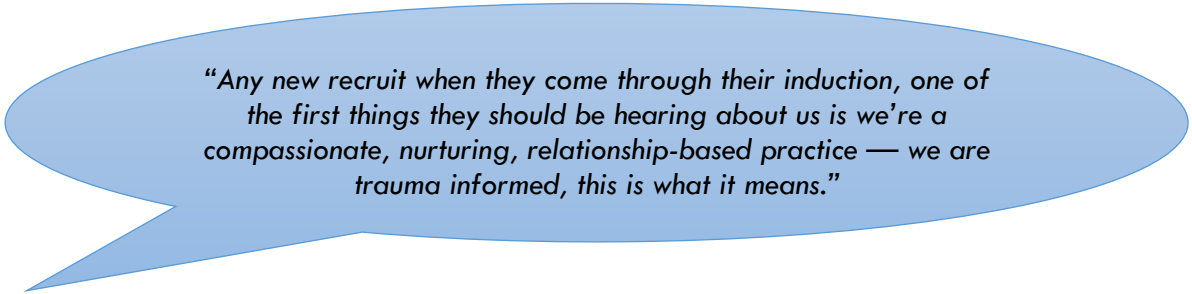
"How do you respond to trauma? What is it you need to learn? How can we help you? And your own professional development? ... gentle way of explaining what supervision is, what it isn't, what you might want to expect and give it a go ... it's separate to managerial supervision, and it's separate to employee assisted programme ... I encourage everybody to go for it, I will not be happy until everybody has experienced it at least once ... and here's a reminder of our staff well-being programme too [smiles]."

Participants also spoke about how the actions of previous administrations within their organisations, which were still affecting staff today and that legacies were critical to consider when implementing a TIA: *"we were experiencing a lot of cultural change in the organisation anyway ... a lot of us were very traumatised by the management style and system that had gone before."* Participants described previous negative experiences of toxic workplaces that had in some ways mirrored the Northern Ireland context, and they described having adapted to this way of working: *"we were so used to being frightened, hypervigilant, and you plan and you plan,*

but things go wrong [expected challenges in role], everything was treated like a crisis, it [public humiliation] would just happen in public in front of everybody.” Another participant spoke about how the journey of implementing an organisational TIA could lead to improved outcomes for all but there is a need to be mindful of the pace to help staff adjust: “there were hard times, we will need time to recover.” Additionally, the switching of one management style to another can affect employees or have potential for re-traumatisation: “that change in itself was almost a little bit traumatic because it was so different.”

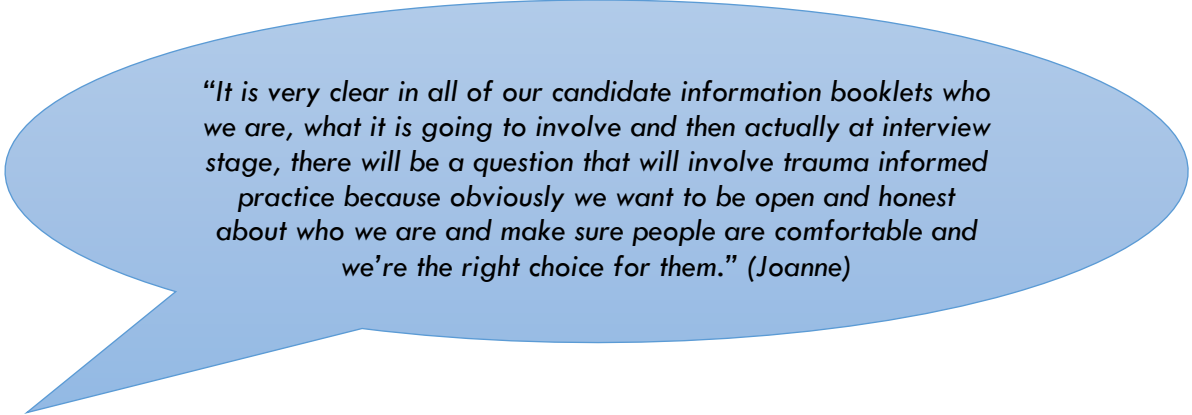
Induction and Training

A key topic for participants in leadership roles related to induction and training. Since implementing an organisational TIA, recruitment was now being viewed as an essential vetting point for new candidates, and an opportunity to embed a TIA from the beginning of employment:



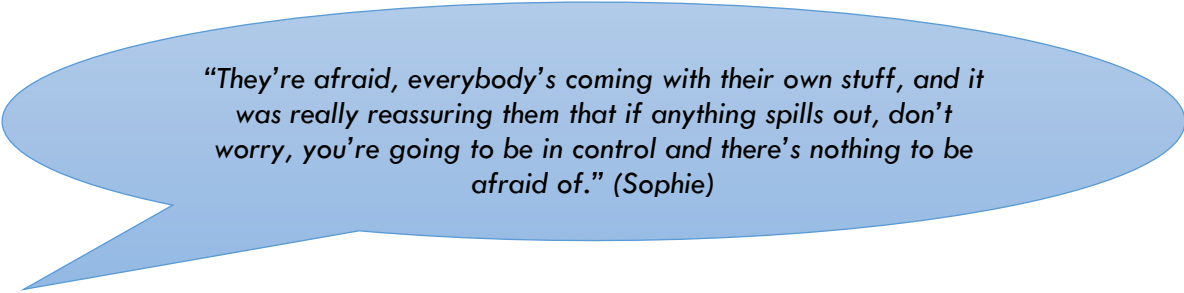
“Any new recruit when they come through their induction, one of the first things they should be hearing about us is we’re a compassionate, nurturing, relationship-based practice — we are trauma informed, this is what it means.”

Some trauma leads noted a change in staff teams post-COVID which has led them to consider more deeply the role of a TIA in induction and training: *“unfortunately we’ve lost a lot of [long serving] staff ... after COVID people reassessed what they wanted and so we have massive staff exits ... and that’s been the feature since COVID.”* Embedding an organisational TIA includes trauma informed recruitment procedures, which communicate the organisational approach to trauma:



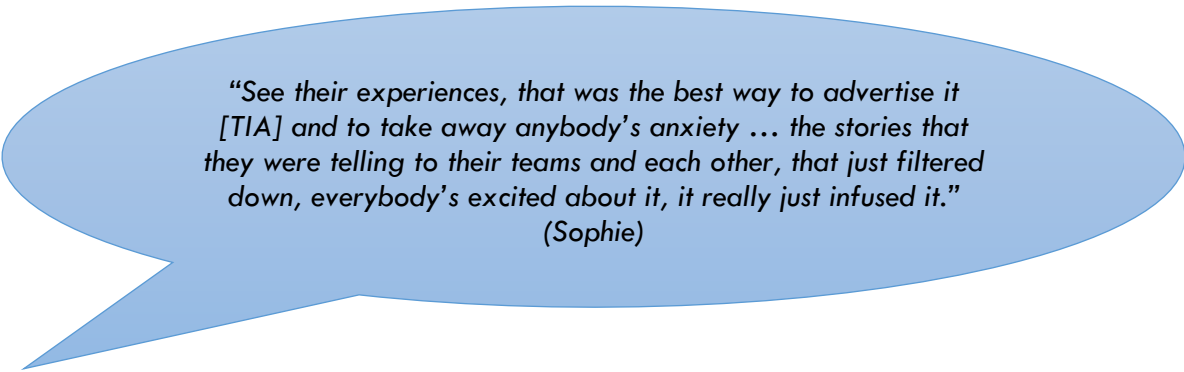
“It is very clear in all of our candidate information booklets who we are, what it is going to involve and then actually at interview stage, there will be a question that will involve trauma informed practice because obviously we want to be open and honest about who we are and make sure people are comfortable and we’re the right choice for them.” (Joanne)

Participants also spoke about the importance of planning and considering trauma informed training approaches for staff, especially for avoiding re-traumatisation: *“they were from all different levels of the organisation, we didn’t know what to expect.”* Participants spoke about creating a safe training environment when bringing together existing staff teams:



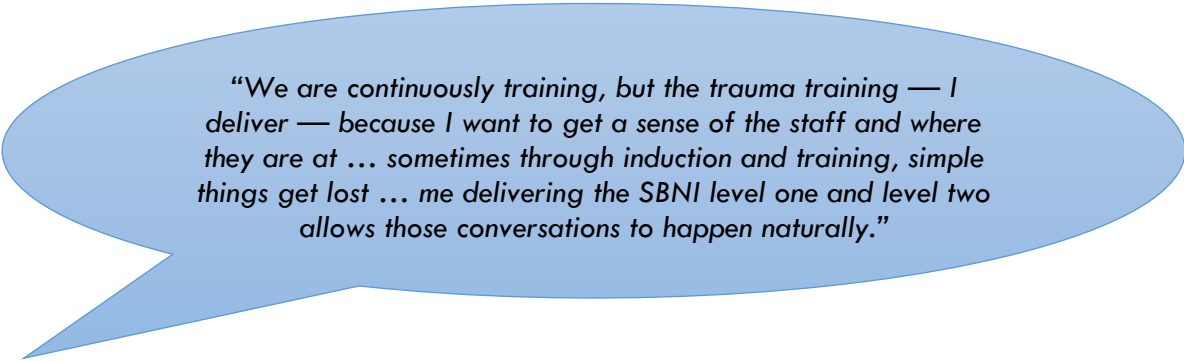
"They're afraid, everybody's coming with their own stuff, and it was really reassuring them that if anything spills out, don't worry, you're going to be in control and there's nothing to be afraid of." (Sophie)

Participants also promoted the sharing of experiences in psychologically safe learning environments to consolidate learning:



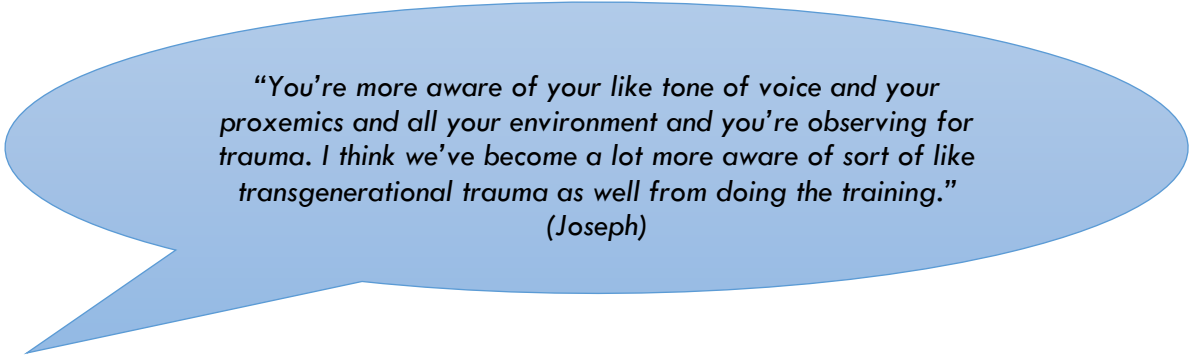
"See their experiences, that was the best way to advertise it [TIA] and to take away anybody's anxiety ... the stories that they were telling to their teams and each other, that just filtered down, everybody's excited about it, it really just infused it." (Sophie)

Participants also considered it important in the implementation of a TIA to be cognisant of who is delivering training and the specific organisational messages that are being communicated:



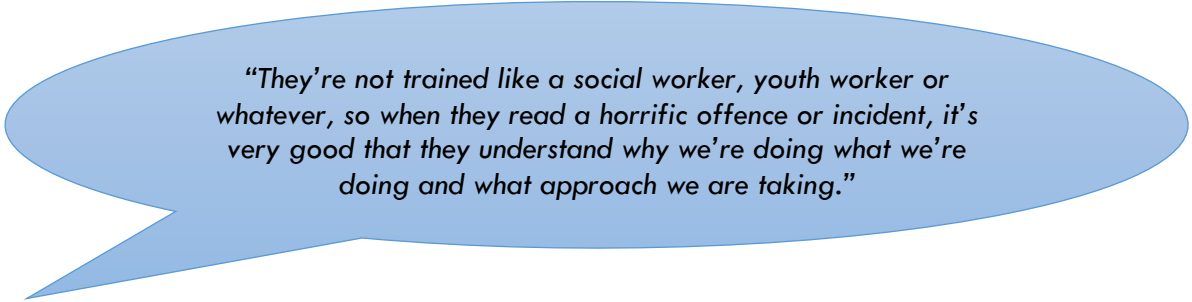
"We are continuously training, but the trauma training — I deliver — because I want to get a sense of the staff and where they are at ... sometimes through induction and training, simple things get lost ... me delivering the SBNI level one and level two allows those conversations to happen naturally."

Participants spoke about being open to the new ideas for practice that were coming in with new recruits: *"it's giving examples and it's also challenging me around my expectation of what they should be doing, like to get a sense of the new stuff."* Training was also an opportunity to have conversations about power in general: *"but I also like to give them the freedom to go and challenge [services] ... why wouldn't you go into the chambers and talk to the judge about that? That's part of your job."* Trauma leads typically delivered training and then recruited suitable people to train the trainer training and spoke about accessing other types of training that could support a TIA. Practitioners who had taken part in the training spoke about increased awareness of trauma itself and improved self-awareness:



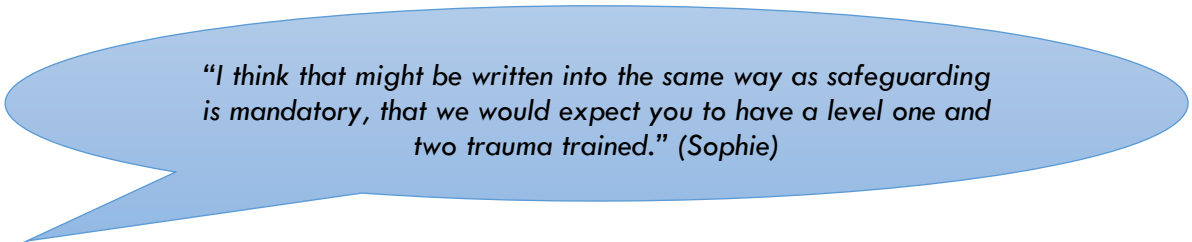
"You're more aware of your like tone of voice and your proxemics and all your environment and you're observing for trauma. I think we've become a lot more aware of sort of like transgenerational trauma as well from doing the training."
(Joseph)

Training for PTO staff emerged as a critical avenue to introduce those to the idea of a TIA, which would then support them to understand the wider work of organisations: *"maybe they don't know who they're actually working for at the end of the day"* (Aoife). The impact of training for finance or corporate teams was seen as central in implementing organisational change: *"our finance team got their eyes opened to some of the stuff we actually work with"* (Aoife). Implementing a TIA was considered important for supporting staff who work in administrative roles or estates related tasks, so that they understand that their service users can carry trauma:



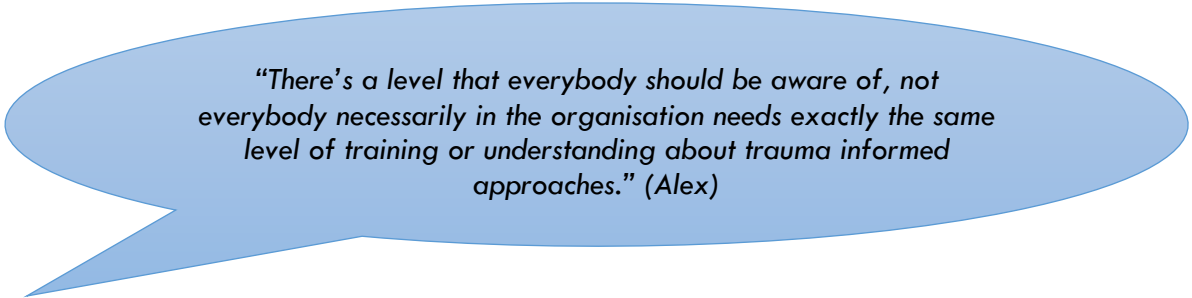
"They're not trained like a social worker, youth worker or whatever, so when they read a horrific offence or incident, it's very good that they understand why we're doing what we're doing and what approach we are taking."

Participants strongly believed that embedding baseline TIA training for all staff was a likely future strategy:

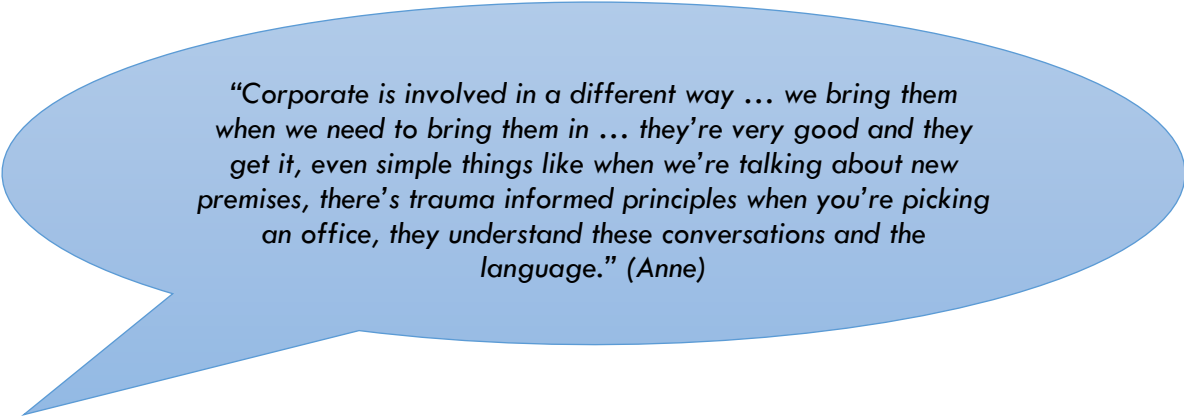


"I think that might be written into the same way as safeguarding is mandatory, that we would expect you to have a level one and two trauma trained." (Sophie)

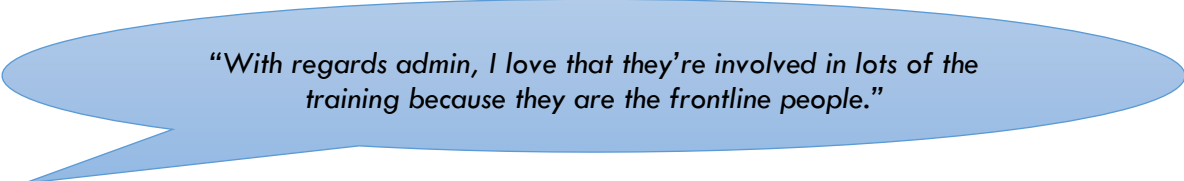
A point raised by trauma leads regarding whole-organisation approaches was also in understanding and tailoring the needs for different departments and teams:



"There's a level that everybody should be aware of, not everybody necessarily in the organisation needs exactly the same level of training or understanding about trauma informed approaches." (Alex)



“Corporate is involved in a different way ... we bring them when we need to bring them in ... they’re very good and they get it, even simple things like when we’re talking about new premises, there’s trauma informed principles when you’re picking an office, they understand these conversations and the language.” (Anne)



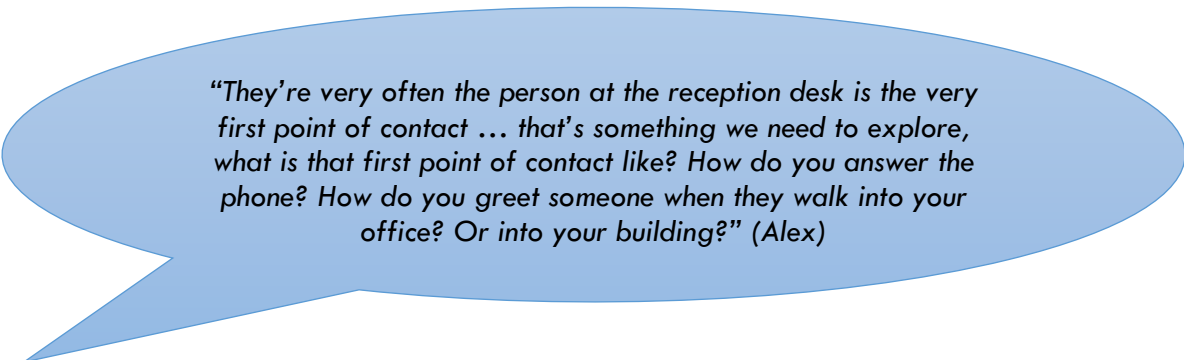
“With regards admin, I love that they’re involved in lots of the training because they are the frontline people.”

Implementing trauma informed training for staff at all levels, and in all roles in organisations and embedding the training in induction processes for new recruits moving forward, was all recognised to be fundamental to the meaningful integration of an organisational TIA.

In the implementation of changes through the TIA assessment process, developing understanding of an organisational TIA was key to cultural shifts in organisations. Developing and refining understanding shaped the implementation and facilitated awareness of the need to address other changes such as physical spaces, organisational policies and procedures, support for staff, and training, induction and recruitment procedures.

Mitigating Risks of Re-traumatisation

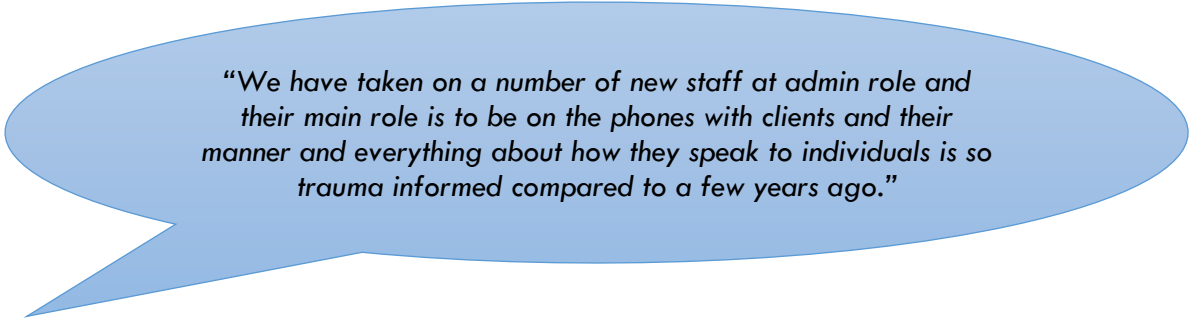
Participants spoke about specific circumstances in their organisations, which had the potential to cause re-traumatisation to their staff or service users. While these varied across different providers, there were similar points that were acknowledged by all the participants. The most prominent point was the first point of contact with the organisation by a potential service user, who is help-seeking and can be vulnerable to re-traumatisation:



“They’re very often the person at the reception desk is the very first point of contact ... that’s something we need to explore, what is that first point of contact like? How do you answer the phone? How do you greet someone when they walk into your office? Or into your building?” (Alex)

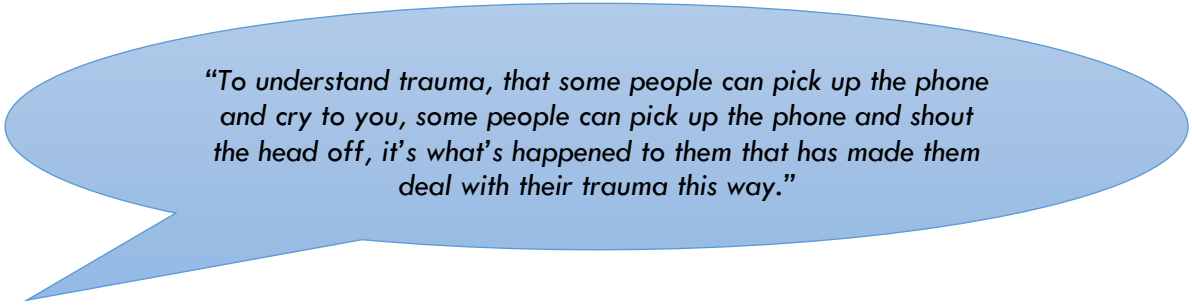
Given the legacy of the Troubles/Conflict, any organisation that asks for personal information can be entering a sensitive exchange process: *“that was society, I can remember as a kid ... you never told them where you were from or what area you were from.”*

At VSS, participants had described how through improved induction and recruitment processes, they now had a TIA at their first point of contact:



"We have taken on a number of new staff at admin role and their main role is to be on the phones with clients and their manner and everything about how they speak to individuals is so trauma informed compared to a few years ago."

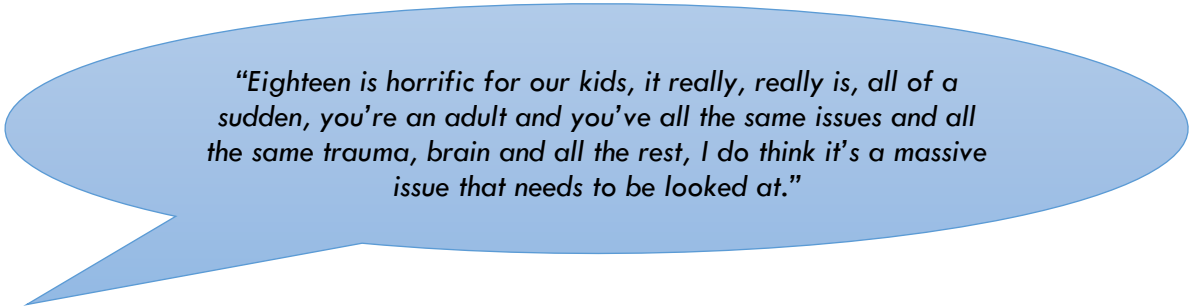
Staff at first point of contact could experience trauma or re-traumatisation when working at VSS and training has helped develop this awareness:



"To understand trauma, that some people can pick up the phone and cry to you, some people can pick up the phone and shout the head off, it's what's happened to them that has made them deal with their trauma this way."

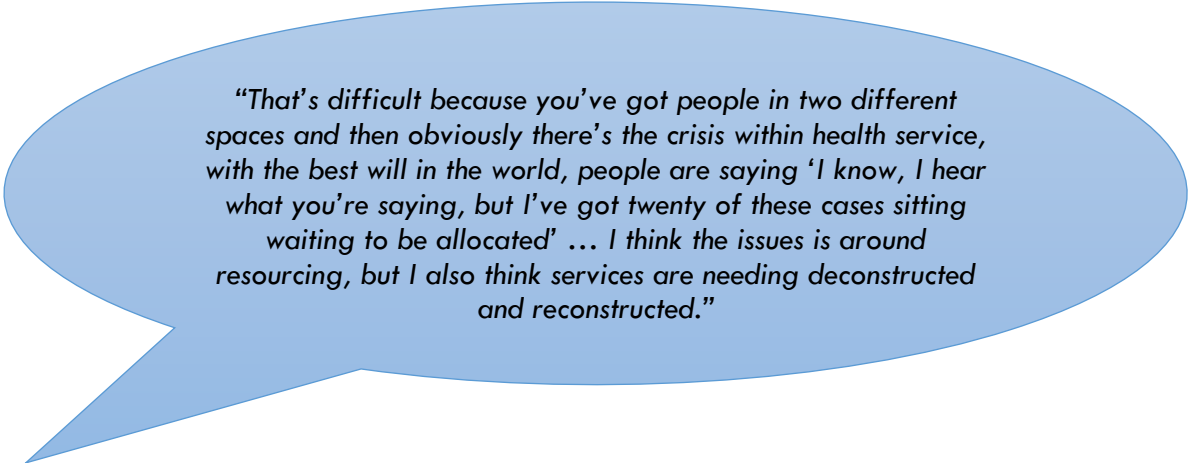
Anticipating the effects of these experiences, participants spoke about the protective measures in place for their staff: *"you're always going to get that but giving that member of staff the opportunity and time out to talk about it, to put in place measures to try and help them deal with it."* Participants described robust policies and processes in place to support their staff with people presenting with aggression, suicidality, or other actions that require immediate crisis support: *"other people then jump into the call, support them ... a case manager will speak to them and they'll do a debrief ... you're not going to be blamed, you're not going to be a victim within your own organisation."*

Distinct points of trauma at Youth Justice Agency (YJA) for staff included bereavement of a young person, which a policy was developed for through the process of implementing a TIA: *"They developed a new policy in terms of supporting staff through bereavement of young people, it was previously very ad-hoc and was down to that of your individual manager."* Managing transitions between services for young people was identified by participants at YJA as a specific service re-traumatisation risk point for young people:



"Eighteen is horrific for our kids, it really, really is, all of a sudden, you're an adult and you've all the same issues and all the same trauma, brain and all the rest, I do think it's a massive issue that needs to be looked at."

Participants described trying to manage this legal transition, which could re-traumatise children with previous experiences of abandonment or rejection from adults. This transition had specific difficulties due to inadequate coordination or responses with other services due to cost-cutting and COVID-19:



"That's difficult because you've got people in two different spaces and then obviously there's the crisis within health service, with the best will in the world, people are saying 'I know, I hear what you're saying, but I've got twenty of these cases sitting waiting to be allocated' ... I think the issues is around resourcing, but I also think services are needing deconstructed and reconstructed."

Practitioners also spoke about using a TIA to support and validate young people feeling rejected or abandoned by services, which also has the potential for re-traumatisation, when their needs are not being met: *"[speaking about young person on waiting lists for assessments] 'There was COVID, there's backlogs. It's nothing personalised to you'."*

Participants discussed the different ways in which service users could be re-traumatised and their efforts to mitigate those effects.

Risks of Re-traumatisation and Intersectionality

Several issues were identified in relation to risks of re-traumatisation for people experiencing inequality at the intersections of a range of different identities including sexual identity, neurodivergence, age and life stage, and ethnicity, including considerations for members of the Travelling community. The external assessment and implementation process required organisational awareness of and responsiveness to issues relevant to Equity, Diversity and Inclusion (EDI).

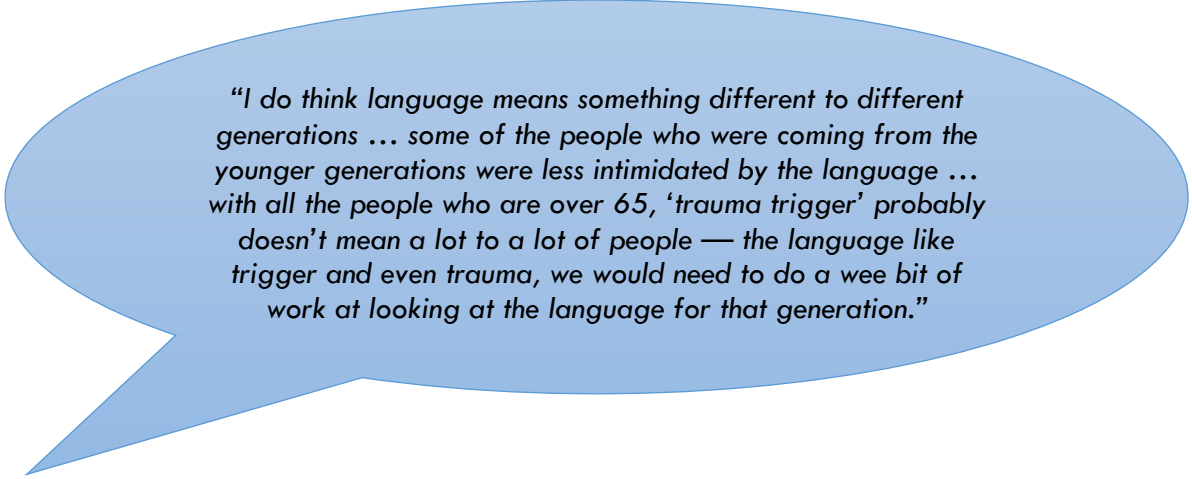
Participants across all organisations described different challenges with how people in their services understood and included all people and all communities: *"I think there's been lots of journeys we are on at the same time"* (Joseph). One participant spoke about encountering some resistance when trying to implement a TIA around ensuring open and welcoming services for all: *"you can't leave one thing out or you're not trauma informed and it's giving that message without trying to overwhelm them [people in organisation]"* (Sophie). Not having explicit policy or statements of inclusion for all communities was stated as undermining an organisation's TIA strategy. Some participants spoke about their progress and planned work for updating their policies more explicitly: *"We are taking further steps this year, this doesn't stop at Pride, this has to be an everyday thing, it has to be everyday language ... it's going to cover all the inclusivity not just gender and disability."* Another participant spoke about improved organisational response in creating safe spaces for people in the process of gender transitioning: *"we're finding that we were getting quite a lot more people transgender, people transitioning as well ... over the last 10 years, it may be young people have felt safer."*

Some participants spoke about working with people who are neurodivergent, and that there has been some improved understanding within the workplace: *"I think for me personally it's been a journey being more informed about neurodiversity."* Part of implementing a TIA was described as developing awareness of neurodivergence: *"[speaking about a client with autism who could not access appropriate support] ... and just how things spiral down from there was just unbelievable."* An important TIA was considering how neurodivergent informed practice could support professionals to avoid re-traumatising service users.

As part of a TIA for young people, services were described as needing to understand them as a distinct group in need of developmentally appropriate approaches: *"more is needed*

around understanding young people who are really struggling, and mental health needs ... it is an area that is that needs an awful lot of work."

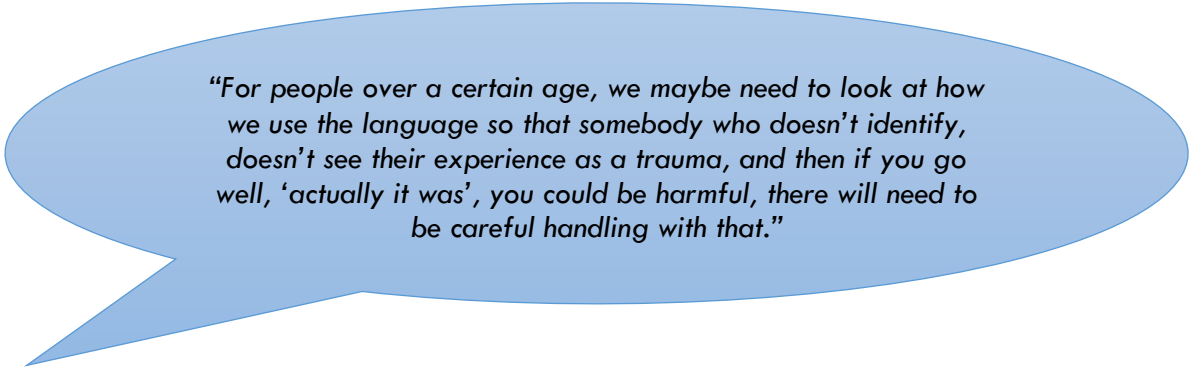
Participants spoke about the need to consider how implementing a TIA could impact people of different generations, and the need to pay attention to inclusive language, especially when supporting older people living with trauma:



"I do think language means something different to different generations ... some of the people who were coming from the younger generations were less intimidated by the language ... with all the people who are over 65, 'trauma trigger' probably doesn't mean a lot to a lot of people — the language like trigger and even trauma, we would need to do a wee bit of work at looking at the language for that generation."

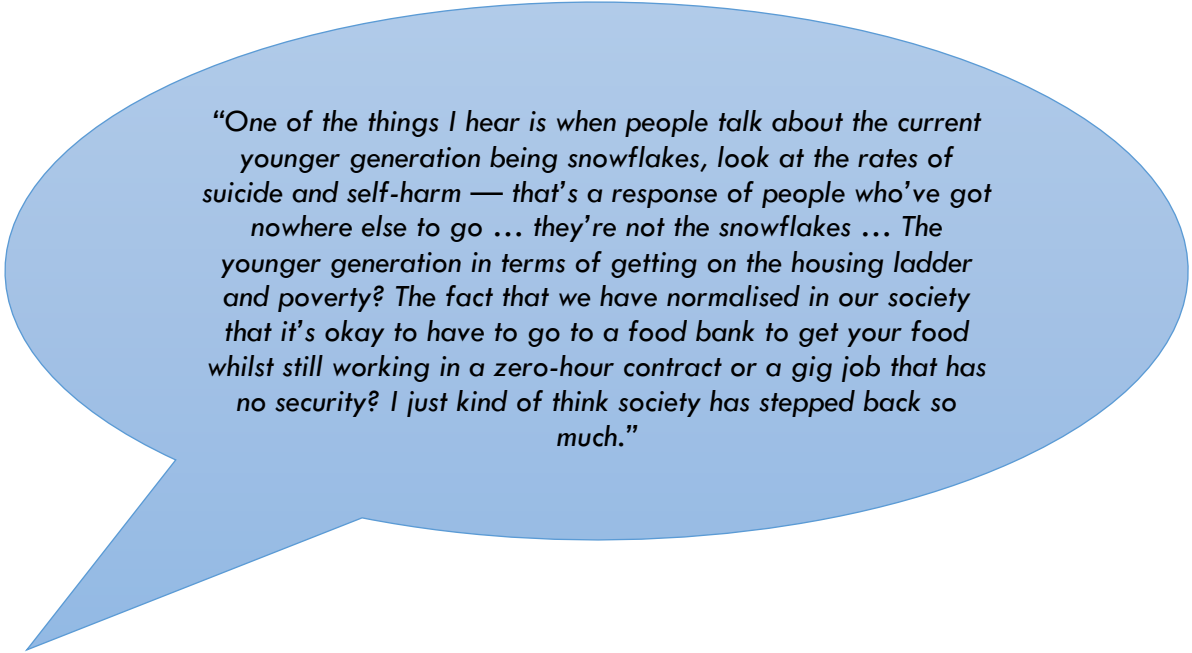
One participant noted the need to acknowledge the experiences of different generations: *"They have lived through the Troubles, some of them through the Second World War, so much to learn from them ... that generation, they survived it."* Considering that in some instances, older people need physical care, a TIA was recognised to be an important approach to avoid re-traumatising people later in life, who can be managing the impact of decreased autonomy: *"I think TI approaches would be a wonderful way for our staff, whoever is working with the older populations, a much better way of understanding their needs."*

It was also considered to be important when working with older generations to not assign language or labels to their life experiences in a way that could cause them to negatively reevaluate their life, their identity or self-image, which could be potentially re-traumatising for those in the later years of the lifespan. Lifespan appropriate approaches and language was identified as necessary to support older people to process their experiences:



"For people over a certain age, we maybe need to look at how we use the language so that somebody who doesn't identify, doesn't see their experience as a trauma, and then if you go well, 'actually it was', you could be harmful, there will need to be careful handling with that."

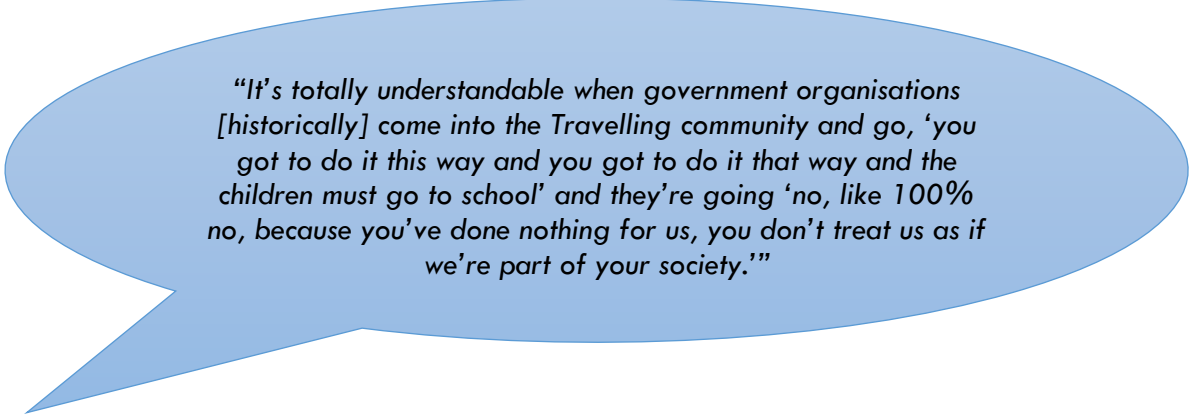
Similarly, participants discussed interactions with younger generations, and the dismissal of their life experiences, which included new forms of existential trauma, such as climate change, intergenerational trauma or the normalisation of exposure to other systemic traumas such as poverty:



“One of the things I hear is when people talk about the current younger generation being snowflakes, look at the rates of suicide and self-harm — that’s a response of people who’ve got nowhere else to go ... they’re not the snowflakes ... The younger generation in terms of getting on the housing ladder and poverty? The fact that we have normalised in our society that it’s okay to have to go to a food bank to get your food whilst still working in a zero-hour contract or a gig job that has no security? I just kind of think society has stepped back so much.”

In general, embedding an organisational TIA can support awareness of and responsiveness to the different life stage needs for service users to promote relationship-based practice.

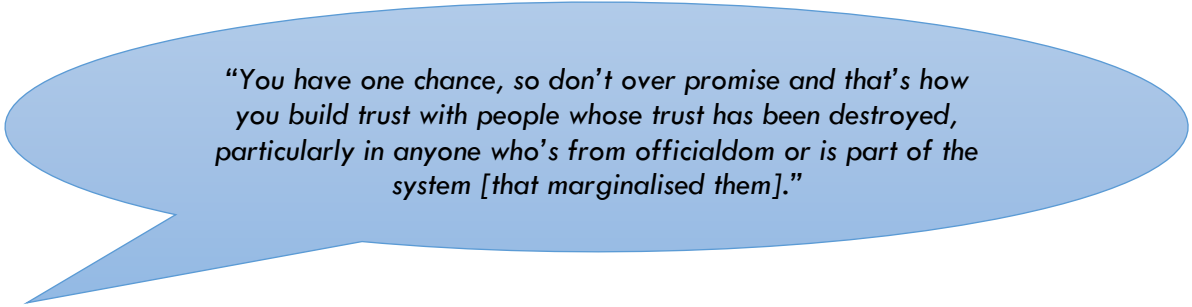
Some participants spoke about their observations of community, identity and transgenerational trauma when working with people from the Travelling community:



“It’s totally understandable when government organisations [historically] come into the Travelling community and go, ‘you got to do it this way and you got to do it that way and the children must go to school’ and they’re going ‘no, like 100% no, because you’ve done nothing for us, you don’t treat us as if we’re part of your society.’”

An organisational TIA was seen to be particularly useful in acknowledging the systematic oppression, marginalisation and community trauma experienced by the Travelling community. It was noted that some people in organisations can still have difficulty applying a TIA to members of the Travelling community or in empathising with them for different reasons. It was noted that at times communities who can identify with being oppressed cannot always see their oppression of others.

It was also highlighted that organisations can begin to repair trust through the use of a TIA:



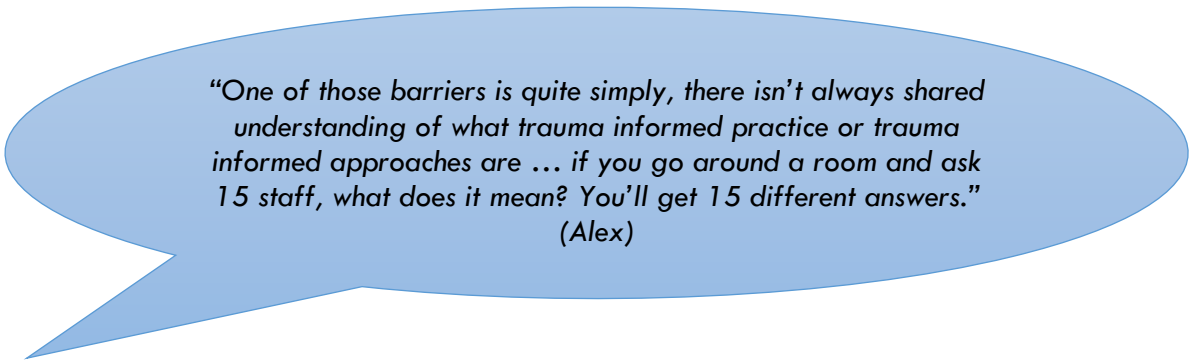
"You have one chance, so don't over promise and that's how you build trust with people whose trust has been destroyed, particularly in anyone who's from officialdom or is part of the system [that marginalised them]."

This participant also noted that there are many groups and communities within Northern Ireland, who have additional experiences of oppression and marginalisation that can be explicit or hidden: *"it speaks for all of those young people living in poverty [areas of extreme deprivation]."*

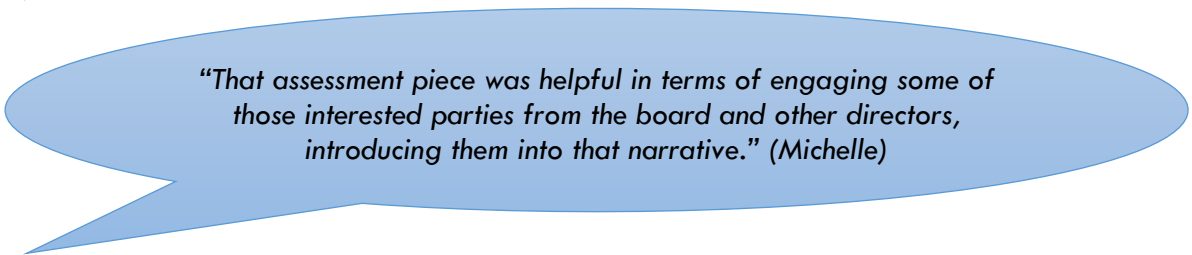
The implementation of an organisational TIA through the assessment process supports the mitigation of particular risk points for re-traumatisation, which are widely understood to be a feature of service user and staff experiences across all organisations.

Navigating Organisational Responses

All participants spoke about the ways in which their organisation responded to the TIA implementation process. One of the challenges reported was related to finding ways to support and engage everyone in the organisation and the degree of organisational buy-in needed: *"So one of the barriers potentially in this is changing that mindset, first and foremost to say, actually this is for absolutely everybody"* (Alex). When introducing a new idea to an organisation, the lack of a shared language was identified as a conceptual barrier, which can restrict understanding of the process:

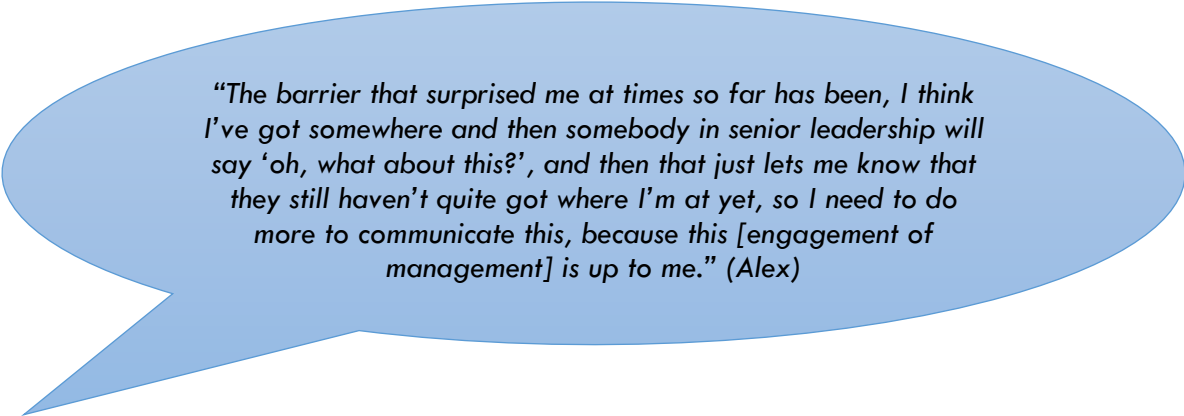


"One of those barriers is quite simply, there isn't always shared understanding of what trauma informed practice or trauma informed approaches are ... if you go around a room and ask 15 staff, what does it mean? You'll get 15 different answers."
(Alex)



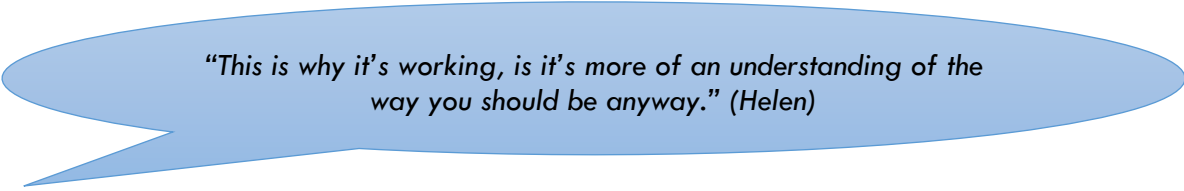
"That assessment piece was helpful in terms of engaging some of those interested parties from the board and other directors, introducing them into that narrative." (Michelle)

Supporting colleagues to understand this new language and develop new understandings often required ongoing and repeated efforts:

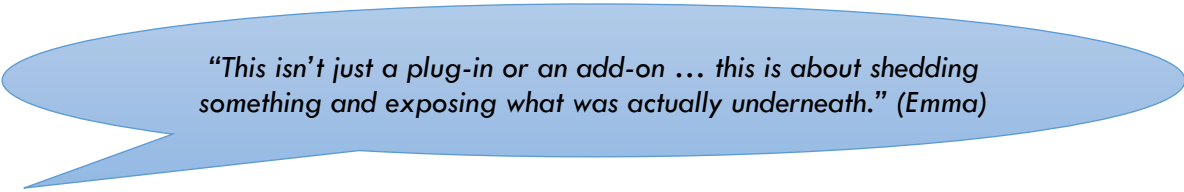


"The barrier that surprised me at times so far has been, I think I've got somewhere and then somebody in senior leadership will say 'oh, what about this?', and then that just lets me know that they still haven't quite got where I'm at yet, so I need to do more to communicate this, because this [engagement of management] is up to me." (Alex)

For some, the process of large-scale engagement and buy-in was quick: *"it took on a life of itself ... it created this beautiful team spirit, organisation spirit ... and that even surprised me because I thought this [buy-in] is going to take us forever"* (Sophie). When asked about why buy-in was typically high across all organisations, participants thought that people could connect with a TIA, not as a 'fad', but as a return to something more authentic:

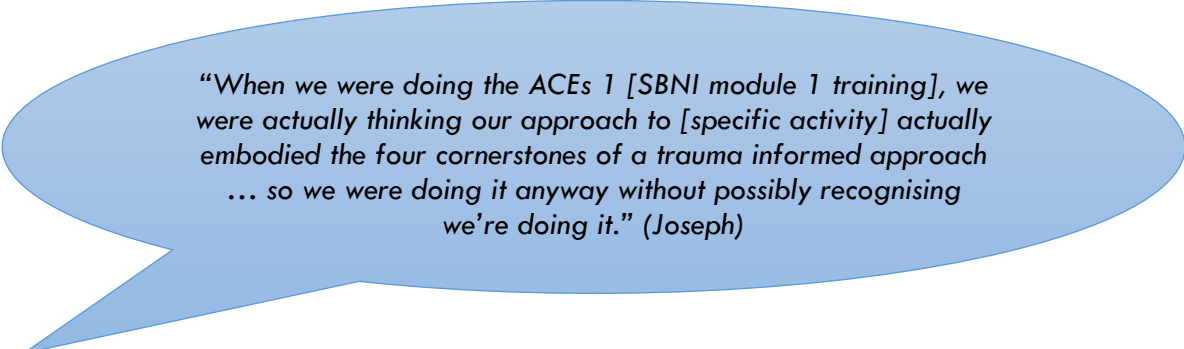


"This is why it's working, is it's more of an understanding of the way you should be anyway." (Helen)



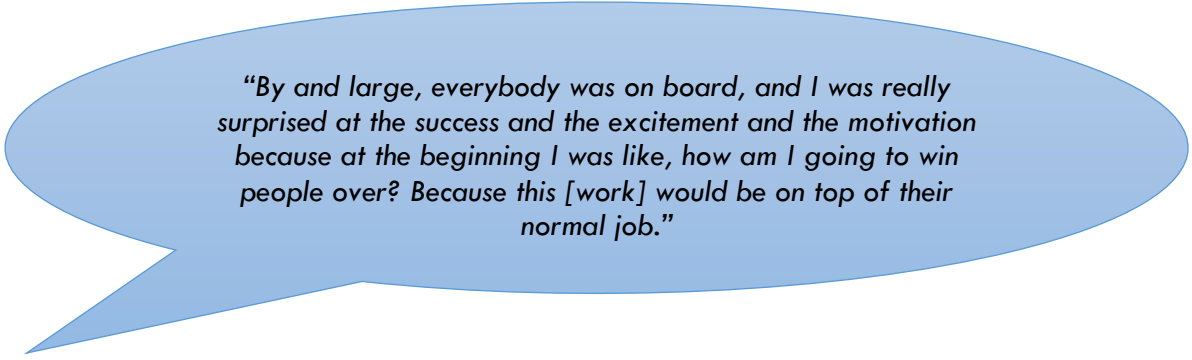
"This isn't just a plug-in or an add-on ... this is about shedding something and exposing what was actually underneath." (Emma)

Participants noted enthusiasm from frontline staff or those involved in client work, which as discussed previously was due to their existing use of person-centred approaches:

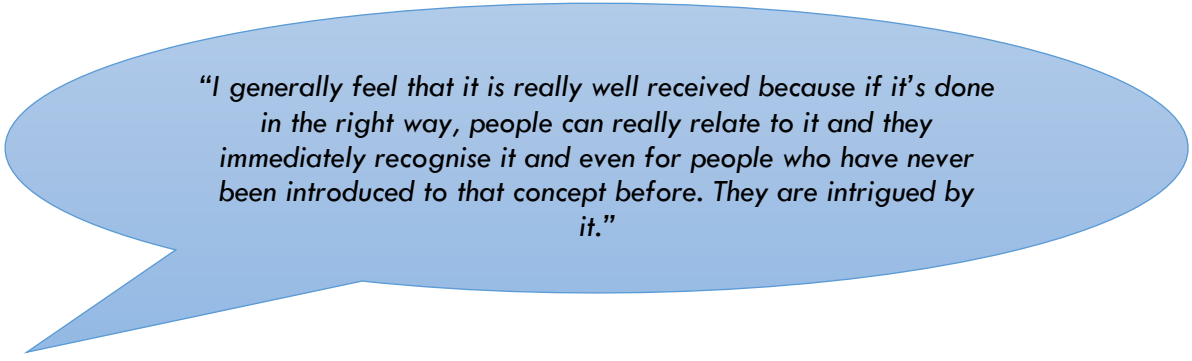


"When we were doing the ACEs 1 [SBNi module 1 training], we were actually thinking our approach to [specific activity] actually embodied the four cornerstones of a trauma informed approach ... so we were doing it anyway without possibly recognising we're doing it." (Joseph)

Additionally, many participants in implementation teams described support from other departments such as finance and corporate services, which they initially anticipated might cause some resistance:

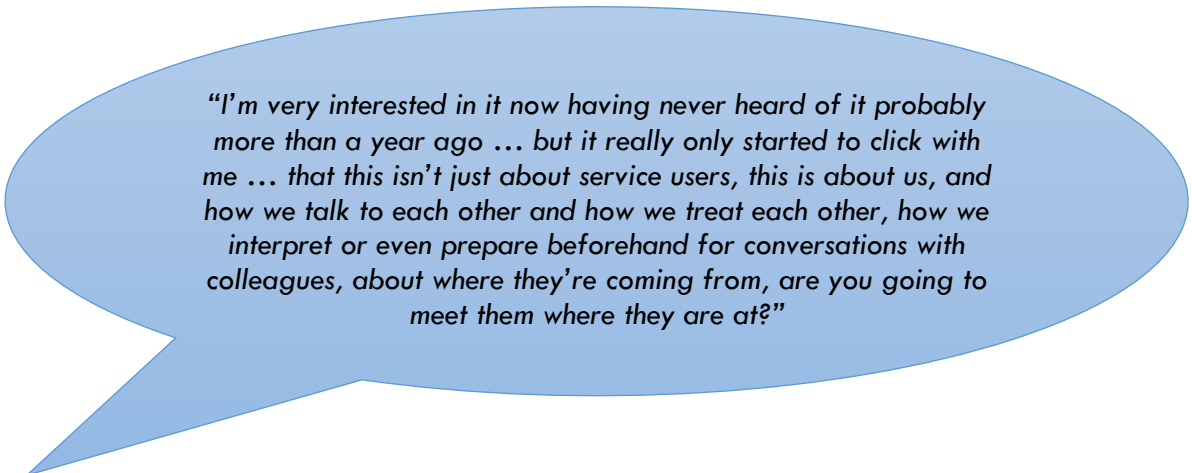


"By and large, everybody was on board, and I was really surprised at the success and the excitement and the motivation because at the beginning I was like, how am I going to win people over? Because this [work] would be on top of their normal job."



"I generally feel that it is really well received because if it's done in the right way, people can really relate to it and they immediately recognise it and even for people who have never been introduced to that concept before. They are intrigued by it."

Participants who worked in PTO roles spoke about their experience with hearing about a TIA for the first time:



"I'm very interested in it now having never heard of it probably more than a year ago ... but it really only started to click with me ... that this isn't just about service users, this is about us, and how we talk to each other and how we treat each other, how we interpret or even prepare beforehand for conversations with colleagues, about where they're coming from, are you going to meet them where they are at?"

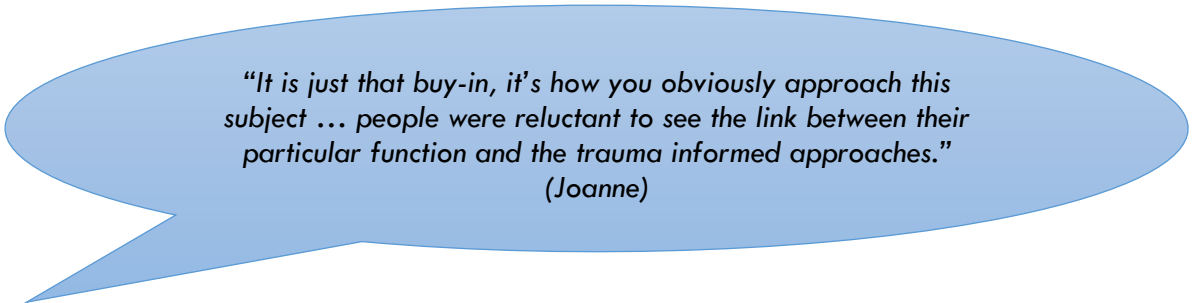
Participants in different roles discussed their organisational responses and experiences of navigating those responses.

Managerial Buy-In

Some participants spoke about their experiences with proposing the move towards implementing an organisational TIA with their senior management and receiving complete buy-in: *"we got total buy in on that day from our very senior management team, all our directors and all of our non-executive directors ... I think entirely it has always been a welcomed conversation."* However, most organisations described instances of organisational 'resistance' at a managerial level: *"What I've encountered has been not from the staff broadly, but actually within senior management."* Despite best efforts and committed support from CEOs, engaging all those in senior managerial positions was not always possible: *"it's not plain sailing, there were difficulties we encountered in terms of engagement and getting people on board for a variety of different reasons"* (Joanne). Some participants described personality differences and varying interest in

a TIA: *“you’ll get personalities anyway, where you’ll get people who aren’t interested in the nuts and bolts and actually of delivering but are interested in the price”* (Sophie).

Particular difficulties were identified in relation to supporting people to understand how an organisational TIA could be rolled out and their role in the process:

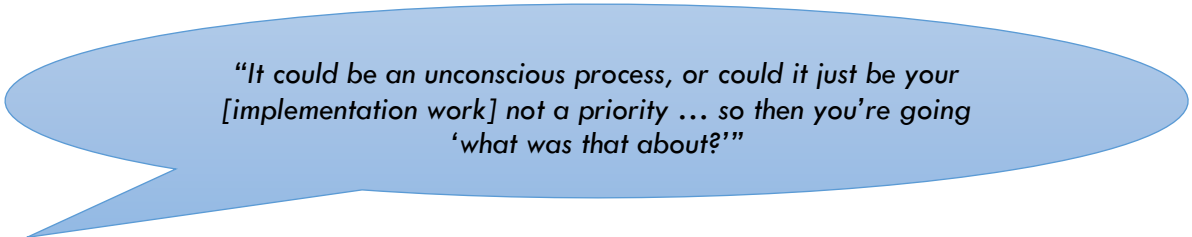


“It is just that buy-in, it’s how you obviously approach this subject ... people were reluctant to see the link between their particular function and the trauma informed approaches.”
(Joanne)



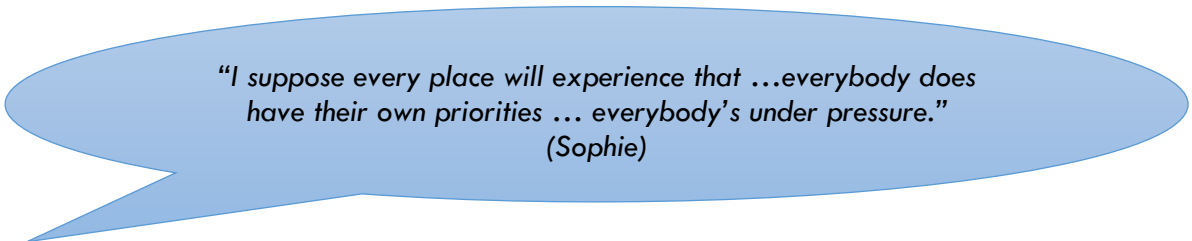
“It’s not resistance, it’s still a lack of understanding.” (Michelle)

However, beyond understanding, participants reflected that the reasons for particular people not engaging were not always clear, and that affected teams, who often changed their approaches to getting buy-in from managers:



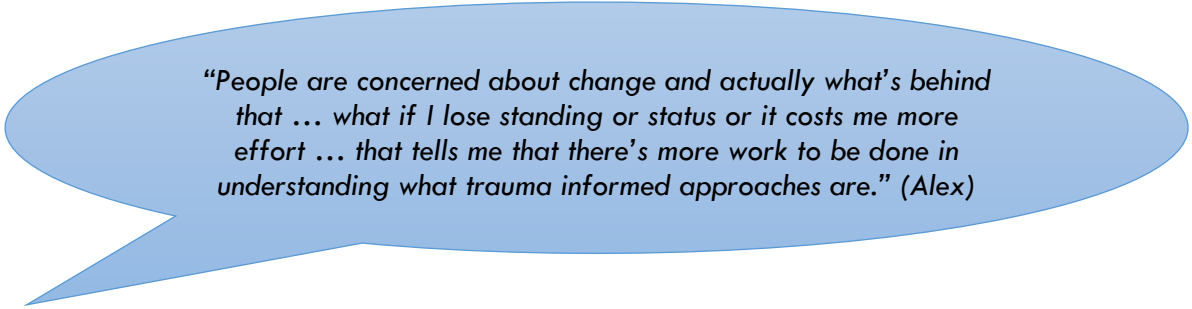
“It could be an unconscious process, or could it just be your [implementation work] not a priority ... so then you’re going ‘what was that about?’”

A couple of participants also spoke about empathising with those struggling to engage with the TIA implementation plans or processes: *“I actually think that can be quite overwhelming for people who don’t see that link between their role and being trauma informed, to sit down and actually connect those dots.”* Another spoke about trying to reduce overwhelm: *“I don’t intend for us to try and implement the whole plan all at once”* (Alex). Participants also spoke about empathising with managers who expressed concerns that TIA implementation can contribute additional pressure on already strained resources:



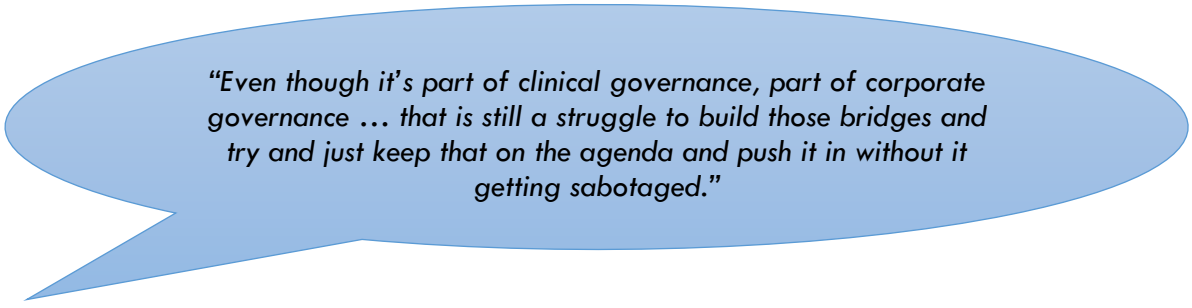
“I suppose every place will experience that ...everybody does have their own priorities ... everybody’s under pressure.”
(Sophie)

Implementation teams recognised addressing concerns of managers to be an important part of the assessment process: *“I think it’s a really legitimate concern, and questions that senior managers have ... the first thing is, it’s very healthy to raise them and we shouldn’t shy away from those difficult conversations”* (Alex). Participants also described engaging with senior managers and validating their concerns:



"People are concerned about change and actually what's behind that ... what if I lose standing or status or it costs me more effort ... that tells me that there's more work to be done in understanding what trauma informed approaches are." (Alex)

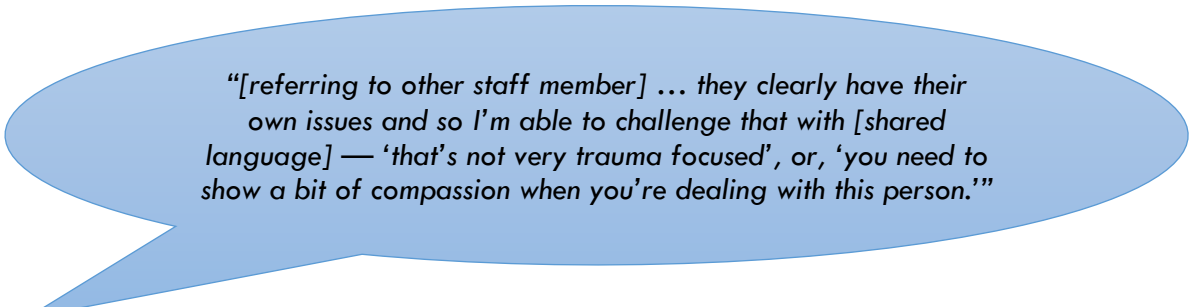
From the implementation team perspective, participants also spoke openly about the impact on them when managers did not engage with the process: *"that was quite difficult because you really need buy-in from everybody"* (Joanne). Without buy-in from managers, especially those in senior positions, teams found the full implementation of a TIA more difficult: *"you need everybody because me and [manager] can't sit and answer questions about [other teams]."* These participants described how managing on-going resistance took up some of the resources and time needed for implementing a TIA:



"Even though it's part of clinical governance, part of corporate governance ... that is still a struggle to build those bridges and try and just keep that on the agenda and push it in without it getting sabotaged."

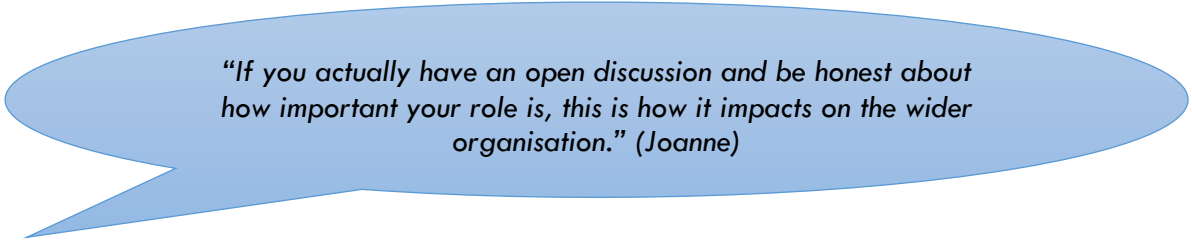
One participant also noted that non-engagement or blocking could result in delays: *"like if I could write it I would ... we're still waiting on permission to get that done, that could have been done already [expressing frustration]."* Some participants spoke about trying to move forward and 'work around' blocking behaviours, to ensure the TIA implementation process survives: *"I'm going to just railroad it anyway, we all want this, we want to keep the momentum up, it's for the greater good ... I'll ask for forgiveness later."*

Some participants recognised that what could be described as obstructive behaviours could be also described as protective: *"the resistance I would have said would have been just a defence."* Participants described how they considered a TIA when supporting people who were having difficulty adapting to the changes connected with a TIA:



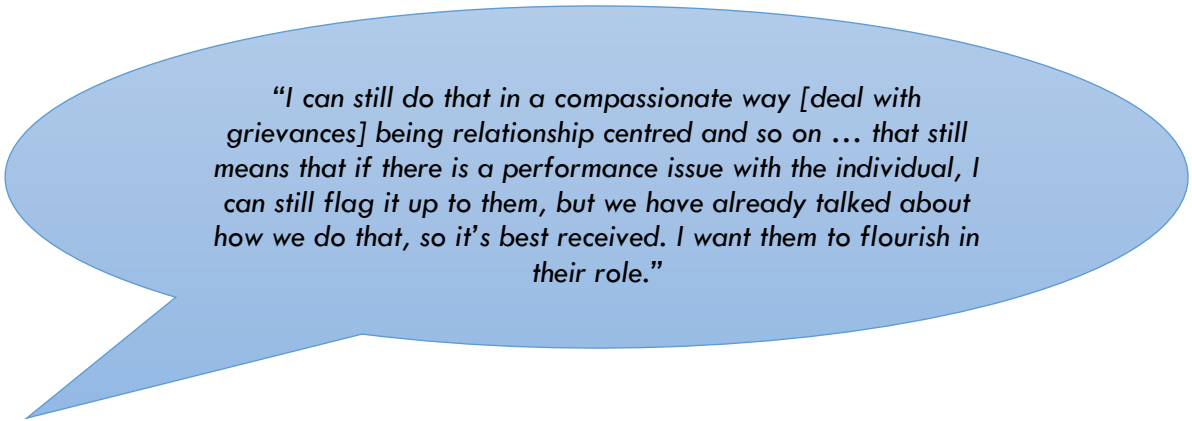
"[referring to other staff member] ... they clearly have their own issues and so I'm able to challenge that with [shared language] — 'that's not very trauma focused', or, 'you need to show a bit of compassion when you're dealing with this person.'"

Participants spoke about highlighting to managers their power, and how their input and decisions can affect the entire organisation as well:

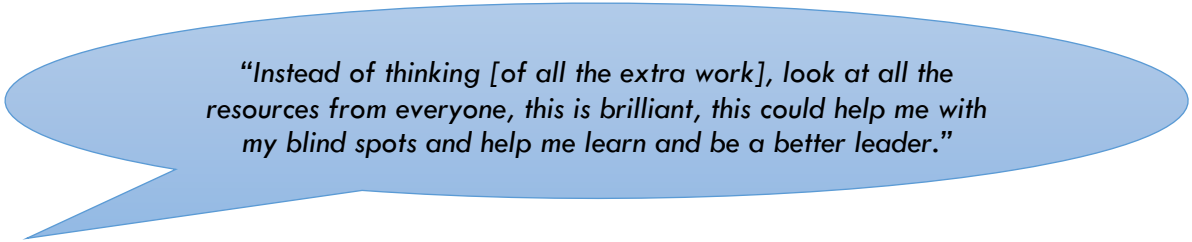


"If you actually have an open discussion and be honest about how important your role is, this is how it impacts on the wider organisation." (Joanne)

Those on TIA implementation teams described supporting managers to develop their own practice and providing real world examples of how their role would look with an organisational TIA, which could address concerns:



"I can still do that in a compassionate way [deal with grievances] being relationship centred and so on ... that still means that if there is a performance issue with the individual, I can still flag it up to them, but we have already talked about how we do that, so it's best received. I want them to flourish in their role."

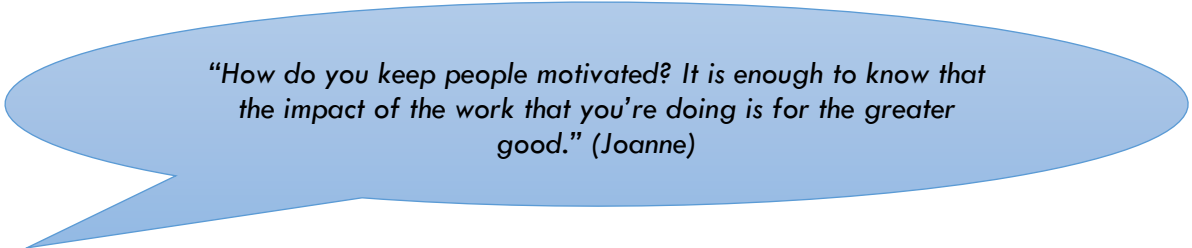


"Instead of thinking [of all the extra work], look at all the resources from everyone, this is brilliant, this could help me with my blind spots and help me learn and be a better leader."

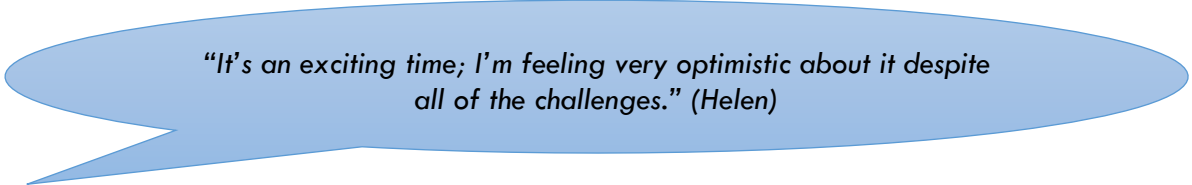
Managerial buy-in was central to the full implementation of a TIA, and conversely, most resistance at organisational level stemmed from a lack of managerial buy-in. Managing resistance required relational approaches to communicating the role and value of an organisational TIA and reassurance about any potential disruptions or burdens on already pressured staff.

Leading TIA Implementation

Engagement in the assessment and implementation process was facilitated by the dedication and commitment of staff leading on implementation teams. Their lived experience of leading this process illuminates key enablers and barriers. Participants reflected on their experiences of being part of a team leading their organisation through the implementation of a TIA: *"it's a very big thing that you're doing"* (Joanne). Participants described how the timing was right for their organisation to begin this process: *"I do think there is that momentum building up again and I actually think there's the right people in the right roles to really push it"* (Anne). Participants reflected on their initial feelings of overwhelm when beginning the process: *"those road maps were so overwhelming at the beginning, you should have seen the office, there's a big whiteboard, it looked like I was trying to solve a crime."* Managing TIA overwhelm remained an ongoing challenge and participants coped with this by connecting with that personal and group commitment to ensure the process would be embedded within their organisations:

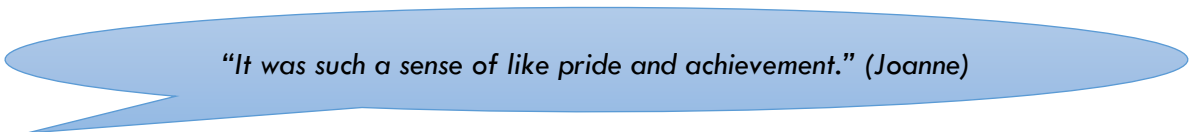


"How do you keep people motivated? It is enough to know that the impact of the work that you're doing is for the greater good." (Joanne)




"It's an exciting time; I'm feeling very optimistic about it despite all of the challenges." (Helen)

Participants also spoke about experiencing pride for being part of the implementation team:

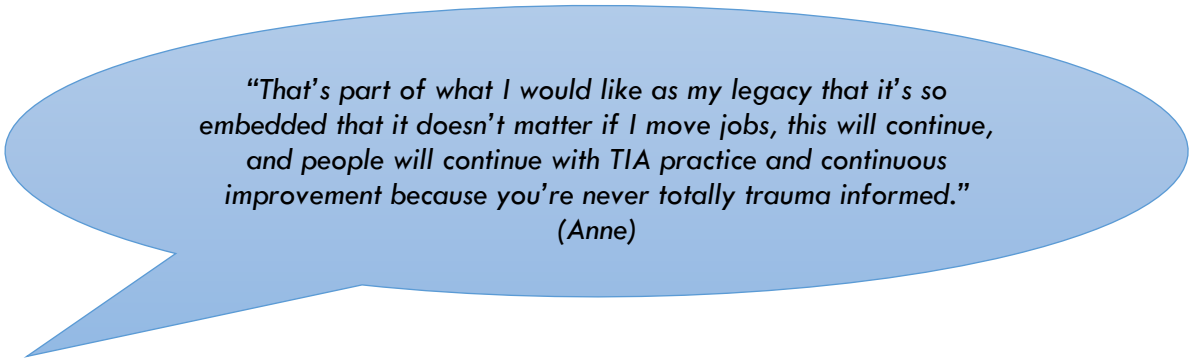


"It was such a sense of like pride and achievement." (Joanne)



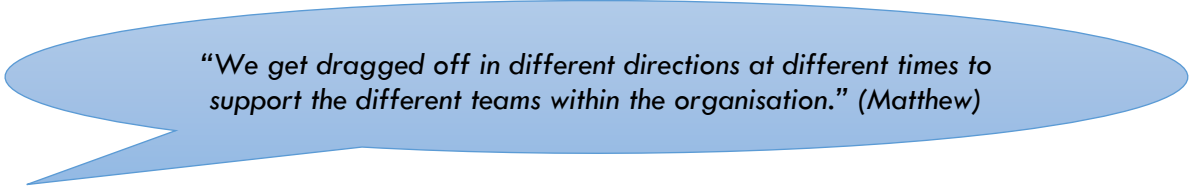
*"I'm very proud of the organisation and what we achieve."
(Alex)*

Trauma leads described being motivated and excited to be a part of a team implementing an organisational TIA and many participants expressed a deep personal commitment and determination to embed the process and ensure their organisations become trauma informed:

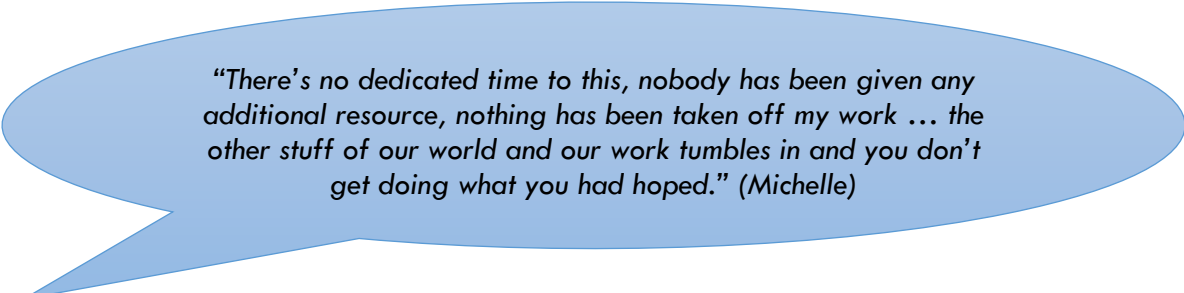


*"That's part of what I would like as my legacy that it's so embedded that it doesn't matter if I move jobs, this will continue, and people will continue with TIA practice and continuous improvement because you're never totally trauma informed."
(Anne)*

The role in TIA implementation was also identified as additional work: *"Everybody is doing this as part of their day-to-day"* (Anne), and demands on people to meet their own work deadlines could impact TIA implementation work or lengthen process timelines:



"We get dragged off in different directions at different times to support the different teams within the organisation." (Matthew)

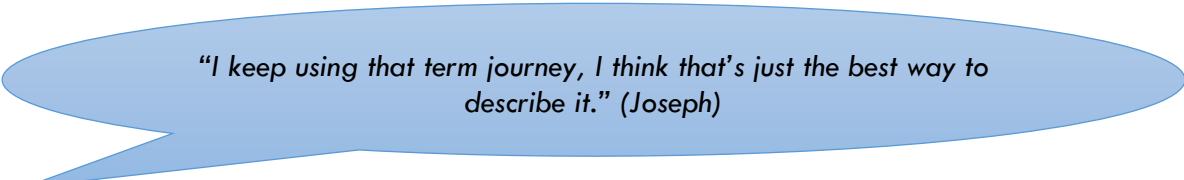


"There's no dedicated time to this, nobody has been given any additional resource, nothing has been taken off my work ... the other stuff of our world and our work tumbles in and you don't get doing what you had hoped." (Michelle)

The process was considered lengthy, time consuming and there is no defined end point, because it is an ongoing, iterative process:

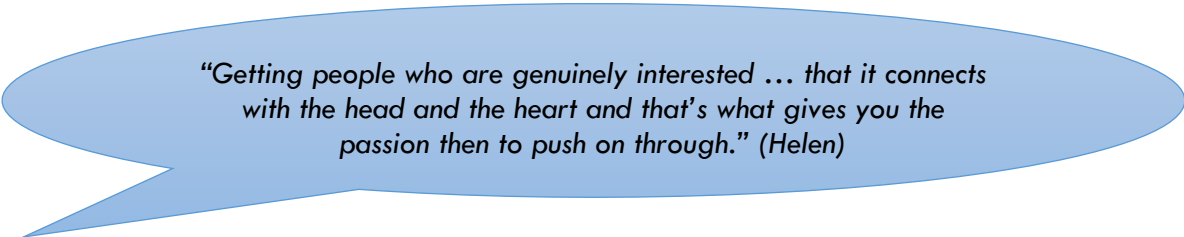


"It is a big journey ... it isn't easy." (Alex)




"I keep using that term journey, I think that's just the best way to describe it." (Joseph)

Getting the right people to lead the process was described as central to the process:



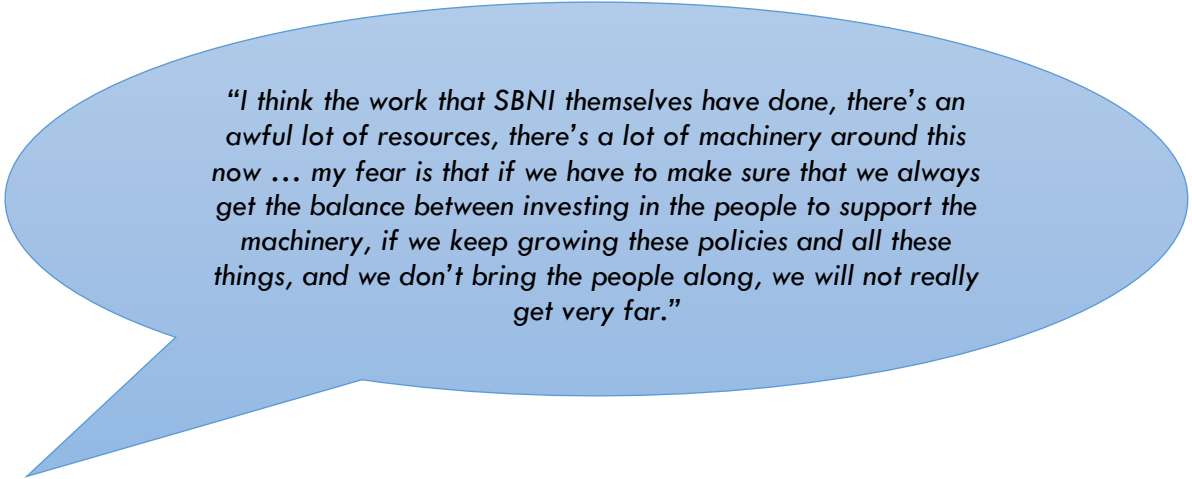
"Getting people who are genuinely interested ... that it connects with the head and the heart and that's what gives you the passion then to push on through." (Helen)



"With the leadership group, it was like-minded people, who were interested in this topic because there's no point in having people on a leadership group who are forced to be there as part of their role ... we attend because we see this as important." (Michelle)

Participants also spoke about the different types of skills needed in teams and the importance of role modelling a TIA to the team and organisation: "lead by example" (Sophie). Role modelling was a common topic: "people probably roll their eyes when they see me coming, but I am very much talking about emotion, I talk about healing." Non-implementation participants recognised the hard work and dedication of trauma leads: "It doesn't happen all by accident ... it's been well-coordinated and structured" (Matthew). Many spoke highly of the trauma leads, using terms such as "superstar" and "integrity", and the "blood, sweat and tears" invested in the role.

Many participants spoke about the central issue of resourcing and the need to regularly review, advocate for and improve resourcing as much as possible. Otherwise, without adequate resourcing, an organisational TIA could be at risk of losing focus and leaders could lose motivation:



"I think the work that SBNi themselves have done, there's an awful lot of resources, there's a lot of machinery around this now ... my fear is that if we have to make sure that we always get the balance between investing in the people to support the machinery, if we keep growing these policies and all these things, and we don't bring the people along, we will not really get very far."

Participants spoke about the work as being completed by staff volunteering time in the organisation: *"there's no resourcing for admin for this or for anybody's time"* (Helen). When implementing a TIA, it was also important to think about the people volunteering their time in organisations, how this leadership was acknowledged by management, and whether expectations for this type of extra labour was becoming normalised. Participants reflected on whether there was an understanding at higher levels about the importance of funding and supporting this role in the future: *"the ideal scenario would be that you would have an implementation post, but even a small implementation team who could tackle an implementation plan."*

Some participants also noted that they observed more women than men involved in this type of implementation work: *"I actually think a lot of them are women, which is quite interesting"* (Anne). An aspect of an organisational TIA can involve considering wider societal issues related to gender balance in terms of work and labour, whereby the emotional labour involved in certain types of work is often *hidden labour* that goes unrecognised. Transparency was considered to be important, by recognising who is doing the work and the importance of the work, so that hidden labour in leadership can be identified and celebrated. This recognition can help to ensure that the process would not be undermined by inadvertently marginalising women engaged in or leading TIA implementation.

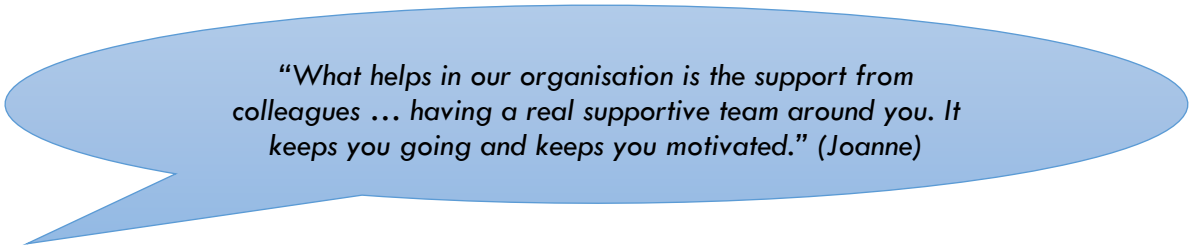
Keeping Everyone Safe

Participants were asked about their experiences of talking about trauma throughout organisations and ways of managing the implementation with sensitivity and care. Participants described rewarding experiences, such as *"energising ... a good kind of demand"* and providing *"inspiration"* or a way to *"feed the soul"*.

Participants were asked about their approaches to self-care or accessing support through their organisations to ensure that they could continue to work on the implementation of an organisational TIA. Organisations that are *"supportive"*, the importance of *"colleagues"* and *"training"*, helps to provide the organisational context to sustain the work: *"we have everything to do this"* (Joanne).

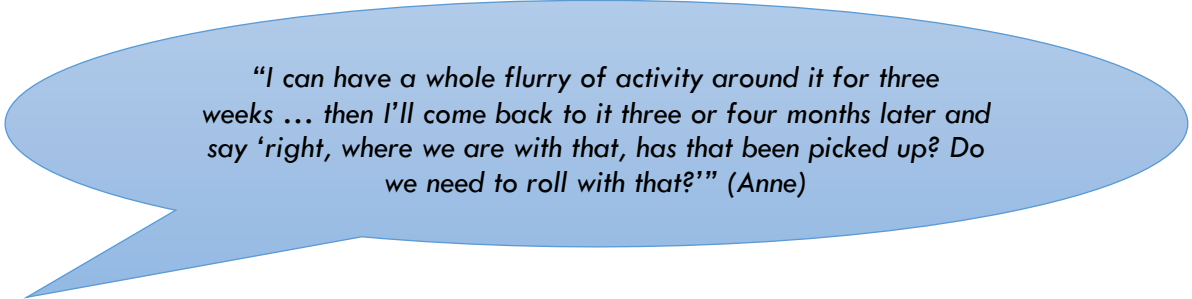
Participants on teams also spoke about the ways in which they support their implementation colleagues with the process: *"I will hold the sense of overwhelmingness for people, I carry that quietly and keep that away and keep people buffered from that."* When reflecting on specific supports for implementation teams, one participant described the need to include people or leaders who can provide *"buoyancy"*: *"they need to carry quite a lot of that until it kind of then catches on"* (Alex). However, the process whilst requiring leadership, requires a team: *"It can't be done by an individual; it can't just be me as trauma lead or [name removed] as chief executive."* In addition, participants were aware that part of their role involved ensuring that the process was rolled out in a trauma informed way for the team: *"We're going to work*

together to try and implement trauma informed approaches throughout our organisation, but we've got to get through it safely, we've got to look after each other." In general, participants spoke very positively about their experiences in implementation teams and noted supportive environments:



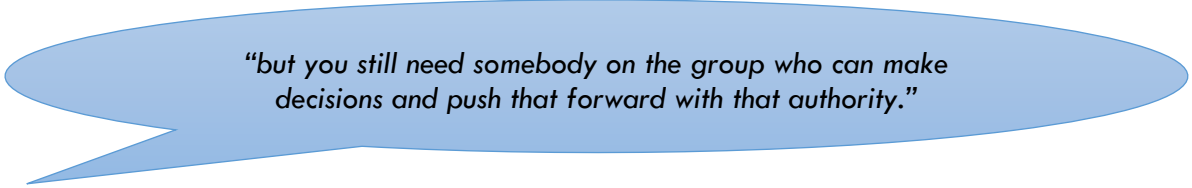
"What helps in our organisation is the support from colleagues ... having a real supportive team around you. It keeps you going and keeps you motivated." (Joanne)

The implementation process could generate a substantial workload at specific points connected to activities, such as application processes, training, policy reviews:

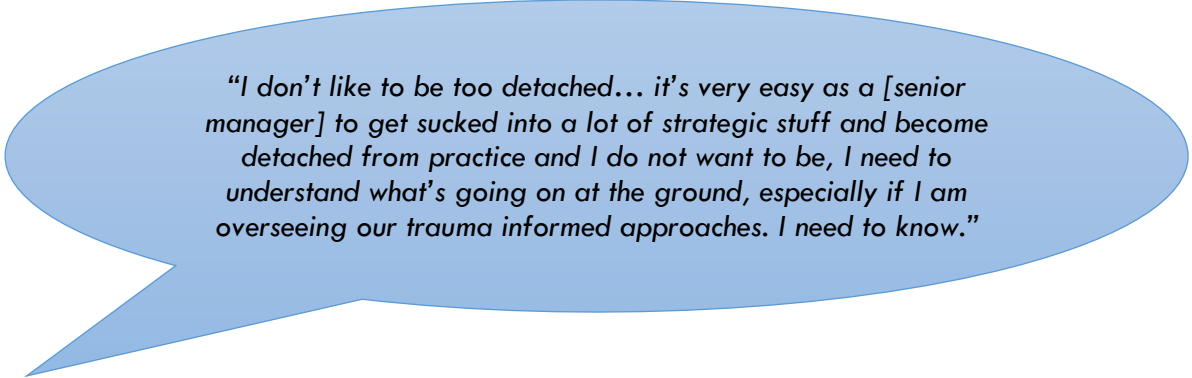


"I can have a whole flurry of activity around it for three weeks ... then I'll come back to it three or four months later and say 'right, where we are with that, has that been picked up? Do we need to roll with that?'" (Anne)

This extra work could cause pressure on those trauma leads who did not have adequately resourced teams: "[list of unavoidable circumstances] so it was two of us doing the work of four people." Without dedicated TIA resourcing, some trauma leads were dependent on volunteers to complete TIA implementation process tasks: "everybody saying, yeah, we fully support it, nobody stepped up ... I couldn't have done it without [colleague] and the trauma working group." These experiences emphasised the need for a full team approach with adequate resourcing, including support from senior management:



"but you still need somebody on the group who can make decisions and push that forward with that authority."



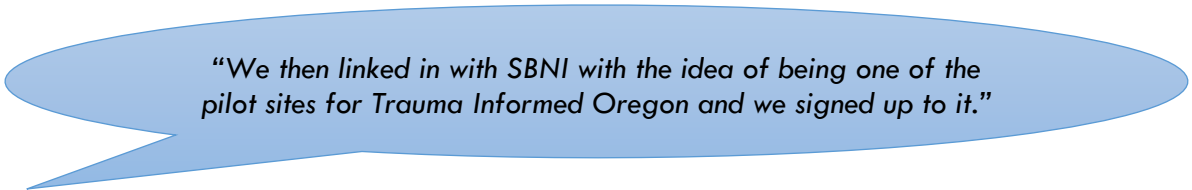
"I don't like to be too detached... it's very easy as a [senior manager] to get sucked into a lot of strategic stuff and become detached from practice and I do not want to be, I need to understand what's going on at the ground, especially if I am overseeing our trauma informed approaches. I need to know."

One participant described wanting to join the process, but expressed some caution over how that might change their role within the organisation: "I did think about joining the implementation team ... but I don't necessarily want to be the person ... I want to be another member of staff."

Leading on the trauma implementation teams is a hugely rewarding role, that requires courage, integrity and dedication. Leads recognise their role in sustaining the implementation of an organisational TIA throughout and beyond the assessment process, keeping people motivated, and keeping grounded and in touch with the range of roles throughout the organisation. The work is rewarding and that creates a solid facilitator for addressing challenges and moving forward.

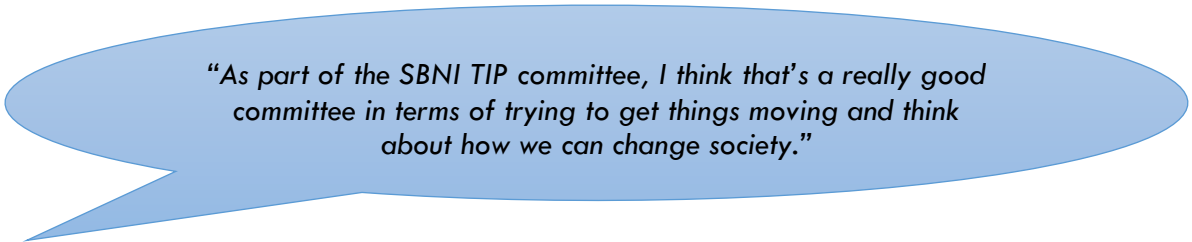
Role of the SBNI

The SBNI was described as having a central role in supporting organisations with the implementation of an organisational TIA and engaging them in the assessment process. Firstly, the SBNI supports organisations with information about and access to assessment processes:



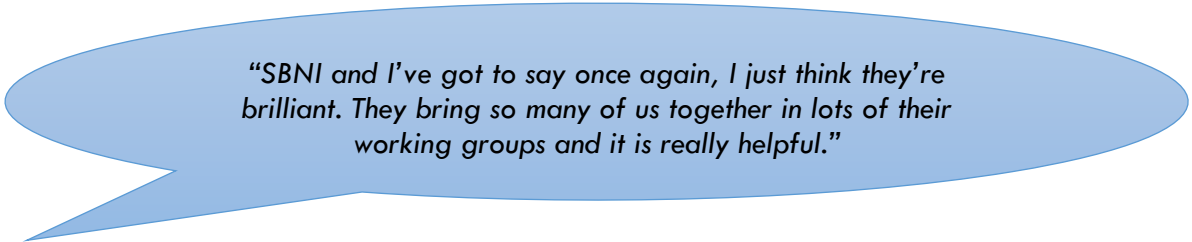
"We then linked in with SBNI with the idea of being one of the pilot sites for Trauma Informed Oregon and we signed up to it."

Participants also valued the support and training provided by the SBNI, and the opportunity for networking events:



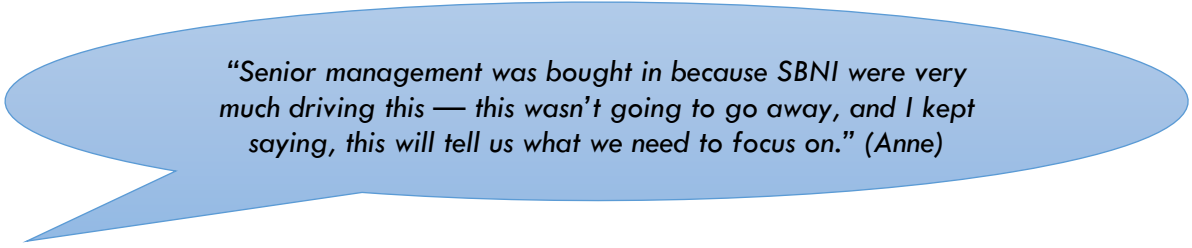
"As part of the SBNI TIP committee, I think that's a really good committee in terms of trying to get things moving and think about how we can change society."

The SBNI facilitates the collaborative approach to working across organisations and sectors, to help incentivise organisations in the work towards implementing an organisational TIA.



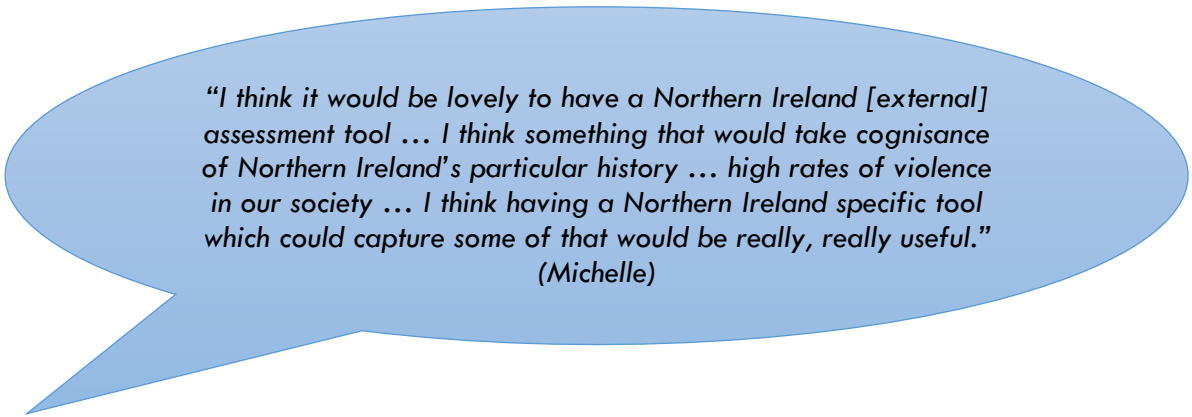
"SBNI and I've got to say once again, I just think they're brilliant. They bring so many of us together in lots of their working groups and it is really helpful."

The SBNI was also described as important in providing funding for the pilot opportunity: *"the Safeguarding Board paying for it gave me the power to push it through. If that hadn't happened, we'd probably still be here now, wondering about it."* Resourcing did not only include funding but also accountability throughout organisations, which provided motivation and focus to ensure the implementation of the organisational TIA:



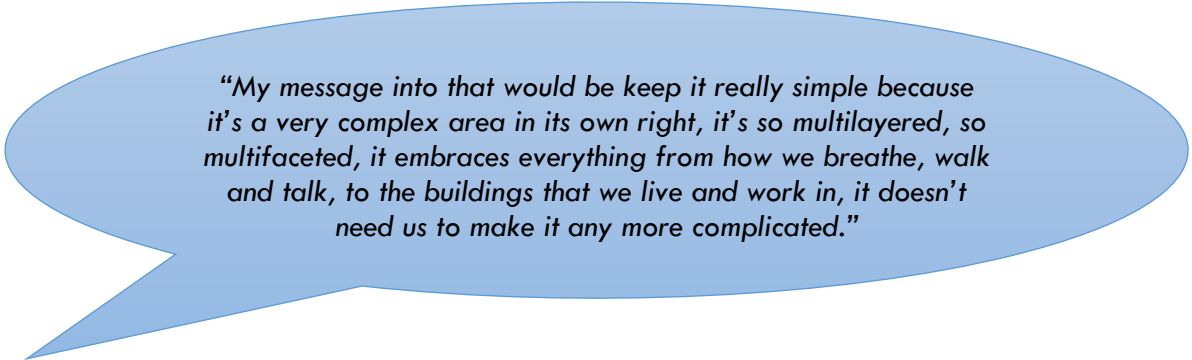
"Senior management was bought in because SBNI were very much driving this — this wasn't going to go away, and I kept saying, this will tell us what we need to focus on." (Anne)

Although the SBNI provided supports with external assessments, participants were enthused by the idea of further Northern-Ireland specific resources and assessments. Participants spoke about the existing self-assessment tool: *"even more exciting now is now Northern Ireland has its own toolkit and assessment tool"* (Sophie). Participants also expressed a need for a comprehensive Northern Ireland tool that could provide external assessments with scores or awards:



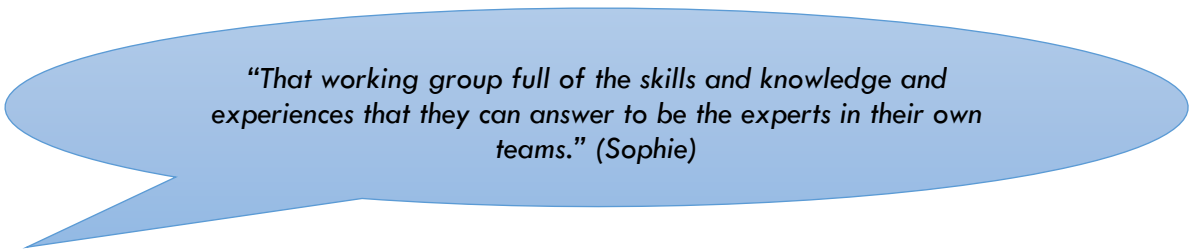
"I think it would be lovely to have a Northern Ireland [external] assessment tool ... I think something that would take cognisance of Northern Ireland's particular history ... high rates of violence in our society ... I think having a Northern Ireland specific tool which could capture some of that would be really, really useful."
(Michelle)

When asked what a Northern Ireland external assessment would look like, one participant discussed comprehensive but simple approaches:




"My message into that would be keep it really simple because it's a very complex area in its own right, it's so multilayered, so multifaceted, it embraces everything from how we breathe, walk and talk, to the buildings that we live and work in, it doesn't need us to make it any more complicated."

The opportunities put forward by the SBNI combined with participants' own professional experience, educational qualifications, and training, had resulted in locally developed expertise within and across organisations:



"That working group full of the skills and knowledge and experiences that they can answer to be the experts in their own teams." (Sophie)

Participants spoke about the need to promote and showcase this home-grown expertise and hidden leadership in future assessments. Participants also recognised the importance of acknowledging this leadership formally, and to continue sharing knowledge across Northern Ireland, particularly in the development of Northern Ireland based TIA tools, assessments and resources:



“Our Chief Executive should be talking about what we’ve achieved and done because the building blocks are all there to show the progression ... and [referring to a lead on the TIA implementation team] she’s a classic example of a champion — just get her out there!”

The SBNI played a significant role in supporting organisations to formalise the process of implementing a TIA, harnessing existing expertise and facilitating collaboration between organisations. In these ways the implementation of an organisational TIA could be extended and enhanced regionally through fostering relationships among those with a shared vision and values, to create a more trauma informed society.

Theme Summary

Overall, this theme provides insights into the experiences of engaging in an external assessment process for the implementation of an organisational TIA. Participants related the importance of developing understanding to implement changes, in terms of physical spaces, policies and procedures, support for staff, and mitigating risk of re-traumatisation for staff and service users, with particular consideration for diversity and inclusion in terms of intersectional risks of re-traumatisation. Participants also shared their perspectives on organisational responses involving facilitation and resistance, and their lived experience of leading the process. The role of the SBNI is considered integral to supporting the implementation of an organisational TIA throughout Northern Ireland. The next theme relates to the impacts of engaging in an external assessment for the implementation of an organisational TIA.

Theme 4: Impacts of Engaging in an External Assessment for the Implementation of an Organisational TIA

"This is about the people that we serve."

The final theme explores how the process of engaging in an external assessment to implement an organisational TIA has impacted upon the organisation, the people who work there, and the people who use their services. Participants identify the potential next steps for their organisations based on their experiences of the external assessment process. Participants described new approaches that reduce re-traumatisation risk for service users, and how the process has provided validation for client-facing staff who have been using a TIA but were not always acknowledged for their approach. Insight is also provided into how organisational culture has been impacted, including examples of the ripple effect of personal transformations for people and their families. The final sub-theme collates the expertise developed from participants' experience and provides guidance for others beginning the journey of implementing an organisational TIA.

Five sub-themes were identified:

1. Next Steps
2. Improving Services
3. Validating the Work
4. Organisational Culture
5. Guidance for Others

Next Steps: Review and Planning for a Sustainable Organisational TIA

Participants reflected on the level of progress made by their organisation through the external assessment process, with each organisation starting at different times. The next steps varied for each organisation depending on their stage of the process. The assessment process facilitated review and planning for moving forward with a sustainable organisational TIA.

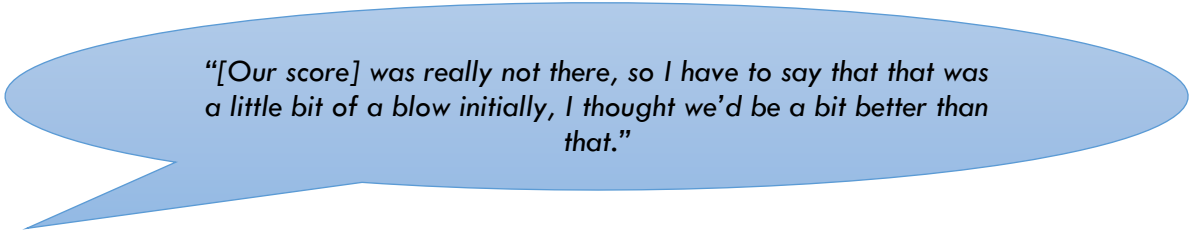
Those that were in the early stages of the process reflected on the planning they had completed to date: *"becoming a trauma informed organisation is nothing short of an organisation transformation process ... but we shouldn't be daunted by that."*

Participants discussed the value of the external assessment process, with everyone agreeing that being able to quantify in some way achievements through awards (OST) or level through scores (TIO), helped to celebrate the work and to support strategic planning and ongoing maintenance of the process:

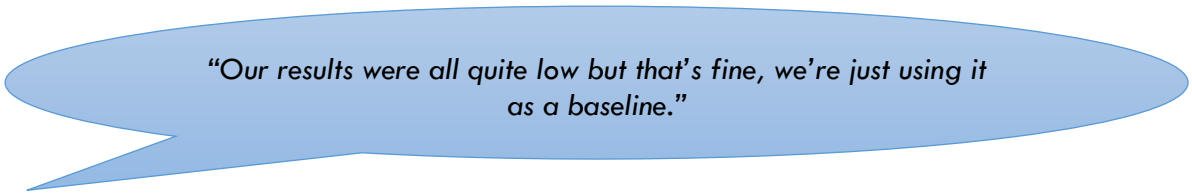
"It helps solidify practice." (Anne)

"We're not the first organisation in Northern Ireland to become trauma informed, we're just the first with the medal, with a badge, that's the difference and I think if we didn't have that, our organisations wouldn't pay heed to it or as much."

Participants also reflected on their experiences of receiving their assessment score or award. With TIO, participants received a score after their first report. This early score provided organisations with an opportunity to check their TIA standing against an external benchmark. This could also help with viewing the organisation more objectively, to identify the extent to which they are trauma informed and to reflect on gaps and plan forward: “one of the advantages to the report is it kind of signposts you to some of your quick wins.” Participants responded differently to scores:

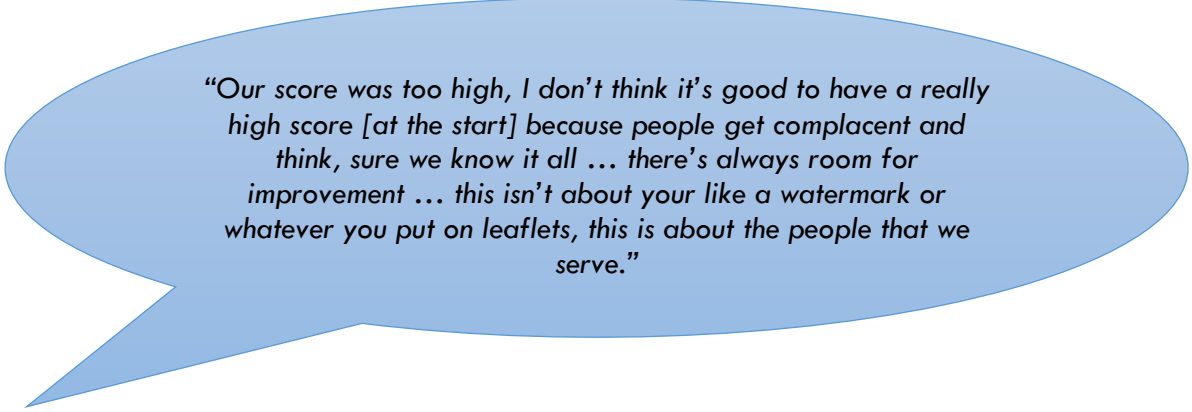


“[Our score] was really not there, so I have to say that that was a little bit of a blow initially, I thought we’d be a bit better than that.”



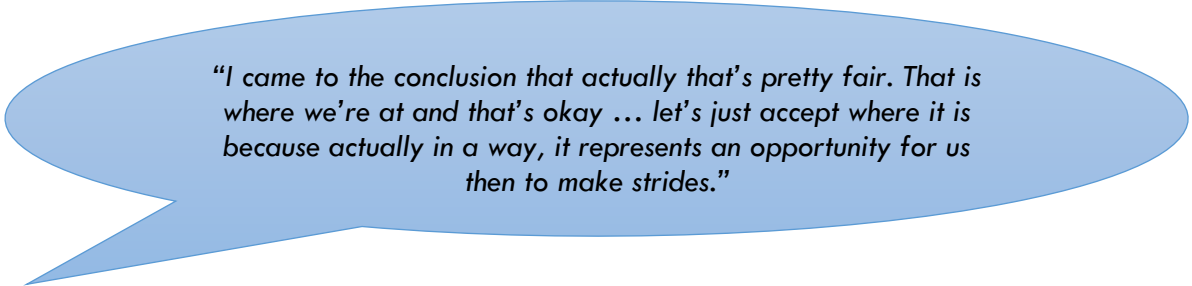
“Our results were all quite low but that’s fine, we’re just using it as a baseline.”

TIO teams offered flexibility in discussing or even contesting scores: “Oregon did give us the option to come back to them.” One trauma lead contested their score, feeling that their organisation needed more consideration, and found the process supportive. For this participant, the purpose of engaging in the assessment process was not to gain a score or award but to change organisational culture for the “people that we serve”:

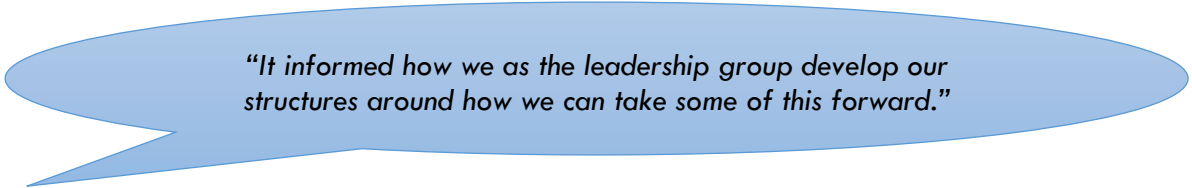


“Our score was too high, I don’t think it’s good to have a really high score [at the start] because people get complacent and think, sure we know it all ... there’s always room for improvement ... this isn’t about your like a watermark or whatever you put on leaflets, this is about the people that we serve.”

The information provided from initial reports could also be experienced as overwhelming: “it’s probably all just a bit too much for me, but I recognise that for other people, that will be really valuable to them, and they’ll love all that detail.” After their initial responses, participants could begin to address some of the issues that were being identified through the assessment report:



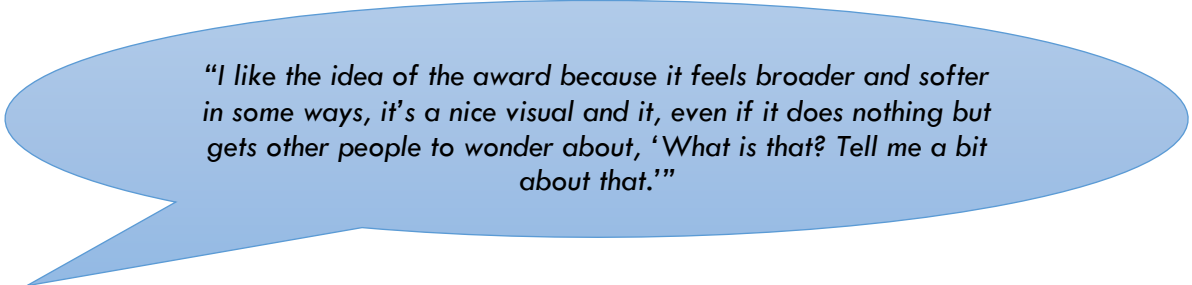
“I came to the conclusion that actually that’s pretty fair. That is where we’re at and that’s okay ... let’s just accept where it is because actually in a way, it represents an opportunity for us then to make strides.”



"It informed how we as the leadership group develop our structures around how we can take some of this forward."

Participants found that **feedback from assessments** was supportive in helping them to **identify strengths**: *"I think we came out strong in terms of like our commitment."*

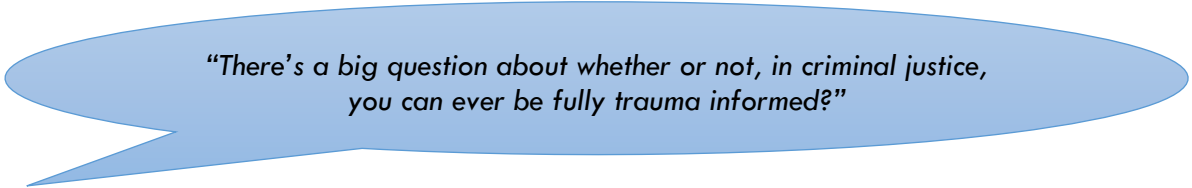
Participants using the OST assessment reflected on their experiences: *"There were no big surprises, we were ready, we had that organisational assessment in place [from other awards]."* Importantly, they reflected on why they as an organisation needed to achieve an award, to ensure that their organisational TIA continued to be supported and maintained: *"I know it sounds very tokenistic, but we needed a medal, that certificate [for engagement and buy-in]."* Awards also supported teams to reflect on their achievements and celebrate their hard work. Some participants preferred the idea of an award over a score, and the opportunities for generating discussion:



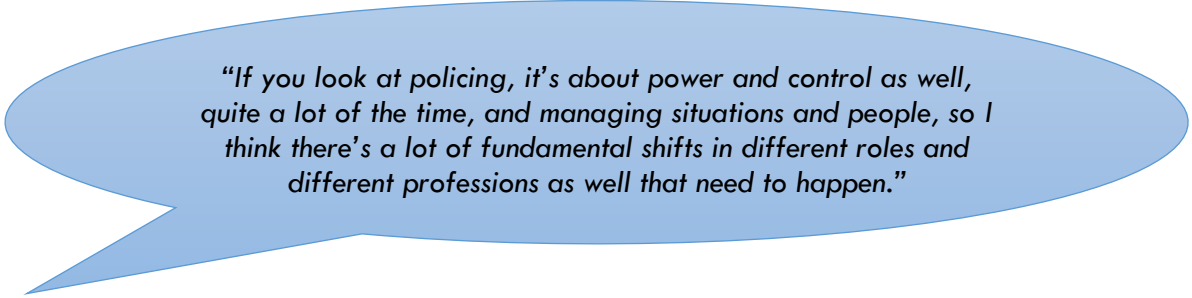
"I like the idea of the award because it feels broader and softer in some ways, it's a nice visual and it, even if it does nothing but gets other people to wonder about, 'What is that? Tell me a bit about that.'"

Participants who are further on in the TIA implementation journey described feelings of accomplishment from the formal validation of existing work that had been ongoing, and were focused on the maintenance and fine-tuning of their TIA: *"our action plan is very specific to the things that we need to develop and improve, because there's other things that we know we are good at"* (Anne). Participants who are further on described their next main activity as embedding a TIA within their organisations: *"This is an ongoing thing. It needs to be embedded"* (Sophie). Others, who were in the earlier stages, foresaw a long road ahead: *"at least five to ten years' worth of work ahead of us, but it's good. It's all moving in the right direction."*

Participants also reflected on more significant questions about the wider systems that they worked within, and how far they could fully embed an organisational TIA:

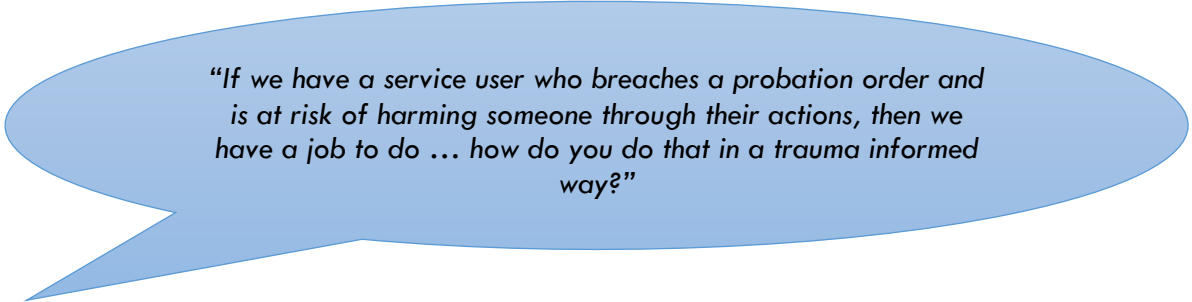


"There's a big question about whether or not, in criminal justice, you can ever be fully trauma informed?"



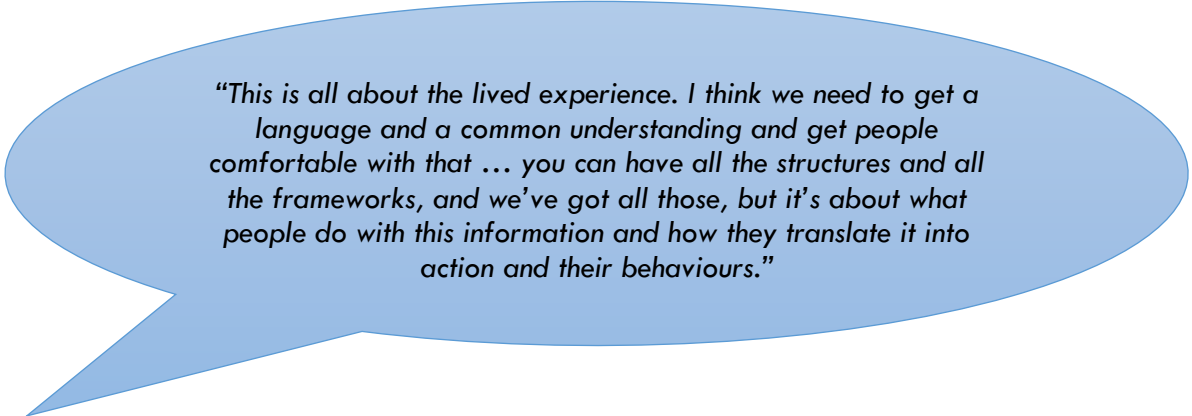
"If you look at policing, it's about power and control as well, quite a lot of the time, and managing situations and people, so I think there's a lot of fundamental shifts in different roles and different professions as well that need to happen."

Acknowledging these more systemic questions is an aspect of an organisational TIA, and engaging in the external assessment supported teams to think critically about their own power, and the manner in which power is used going forward.



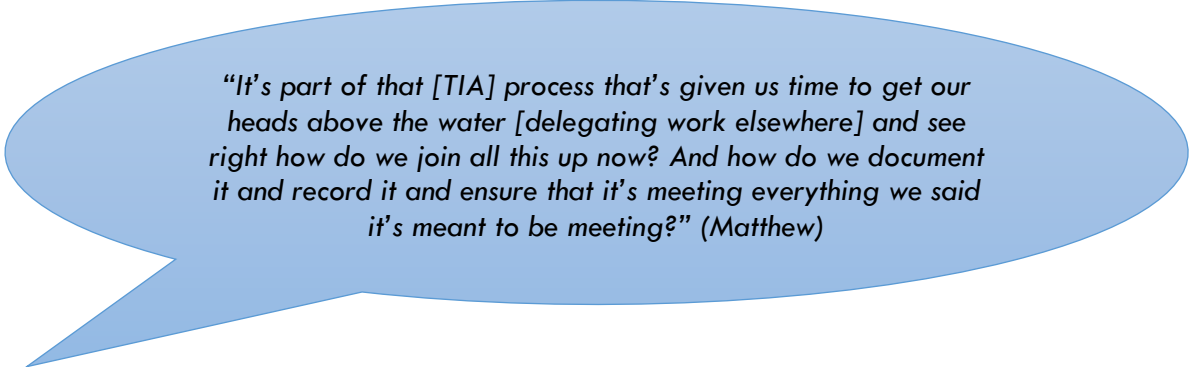
"If we have a service user who breaches a probation order and is at risk of harming someone through their actions, then we have a job to do ... how do you do that in a trauma informed way?"

An organisational TIA was identified to be suitable for all roles across all organisations: *"I think what you can do is in every interaction, there is an opportunity to do it in a particular way, acknowledging the power imbalance."* Other participants involved in health and social care spoke about the challenges going forward when working with different professional teams within their organisation, especially in areas of mental health: *"It's still pathology models ... it's like the fault is with the person."* Plans were being considered on how to address model challenges and promote a TIA: *"if people just practiced in a person-centred way and did nothing else, we'd actually be fine."* Some participants also reflected on how the implementation process would roll out, and identified their own concerns for an organisational TIA becoming lost as an administrative exercise:



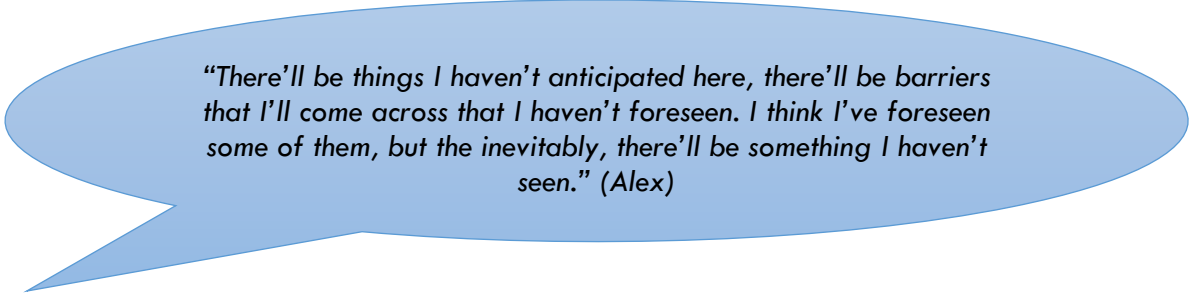
"This is all about the lived experience. I think we need to get a language and a common understanding and get people comfortable with that ... you can have all the structures and all the frameworks, and we've got all those, but it's about what people do with this information and how they translate it into action and their behaviours."

Participants at all stages also spoke of the continued challenge of time to restore, time to review and the difficulty of freeing up time and resources for the implementation work they identified in their strategic planning. One participant described how their organisation had engaged in some restructuring, which has supported this TIA work:

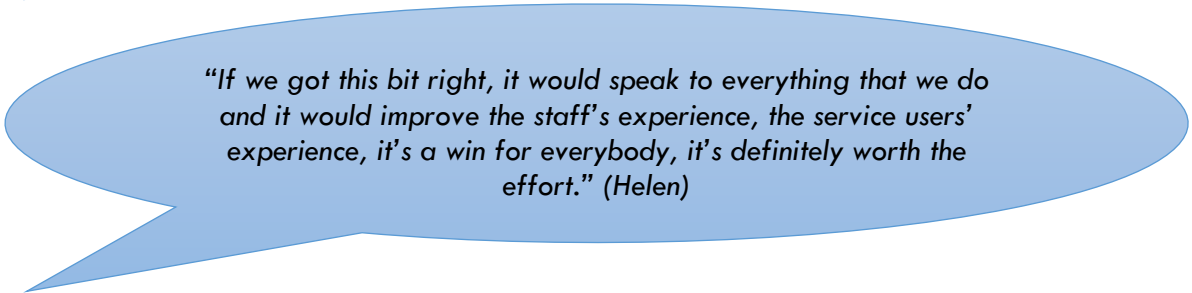


"It's part of that [TIA] process that's given us time to get our heads above the water [delegating work elsewhere] and see right how do we join all this up now? And how do we document it and record it and ensure that it's meeting everything we said it's meant to be meeting?" (Matthew)

Participants reflected on the longitudinal nature of the process, especially for determining if they were on the right path: *"I've only got started, I don't know yet, it's too early ... I think the proof will be ultimately in where we're at in a year's time, and whether or not it's made any difference, and it's way too early to say that"* (Alex). Participants also spoke openly about the need for ongoing reviews of barriers and enablers to support strategy implementation and ensure they continue using a whole organisation approach and support service user voice:

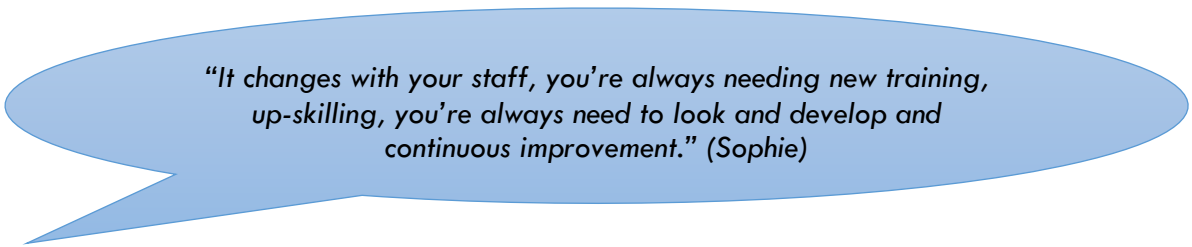


"There'll be things I haven't anticipated here, there'll be barriers that I'll come across that I haven't foreseen. I think I've foreseen some of them, but the inevitably, there'll be something I haven't seen." (Alex)



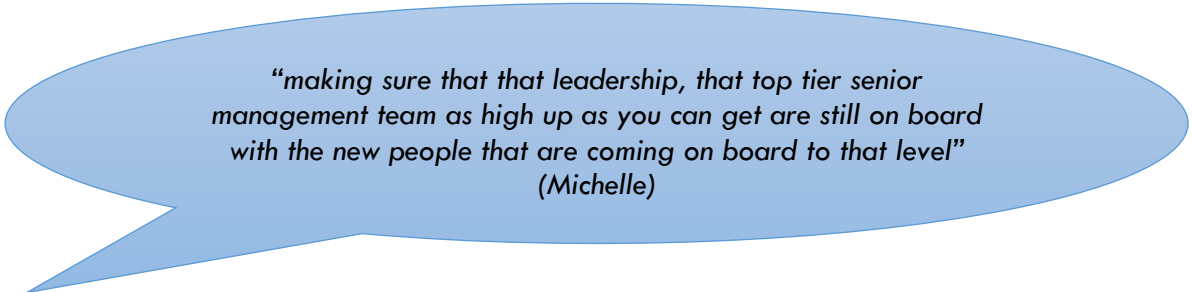
"If we got this bit right, it would speak to everything that we do and it would improve the staff's experience, the service users' experience, it's a win for everybody, it's definitely worth the effort." (Helen)

Over the longer term, staff turnover was discussed as a predictable aspect that can be planned for and to ensure that a TIA is maintained, upskilling new staff and continuous improvement will be longer term goals:



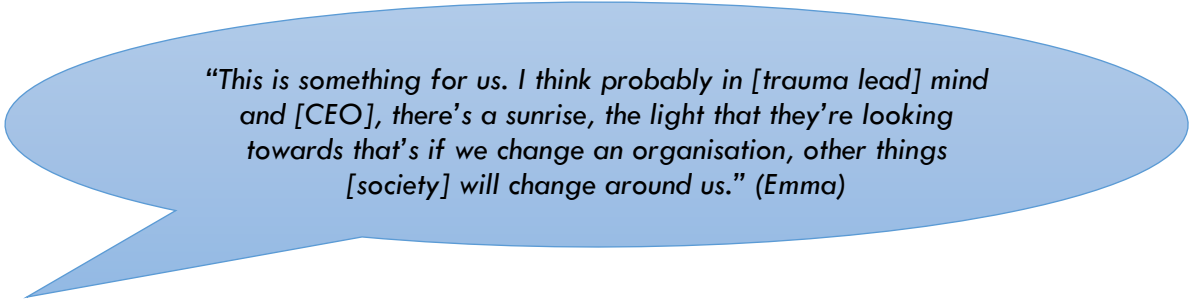
"It changes with your staff, you're always needing new training, up-skilling, you're always need to look and develop and continuous improvement." (Sophie)

This was noted as specifically important for change over in senior management:



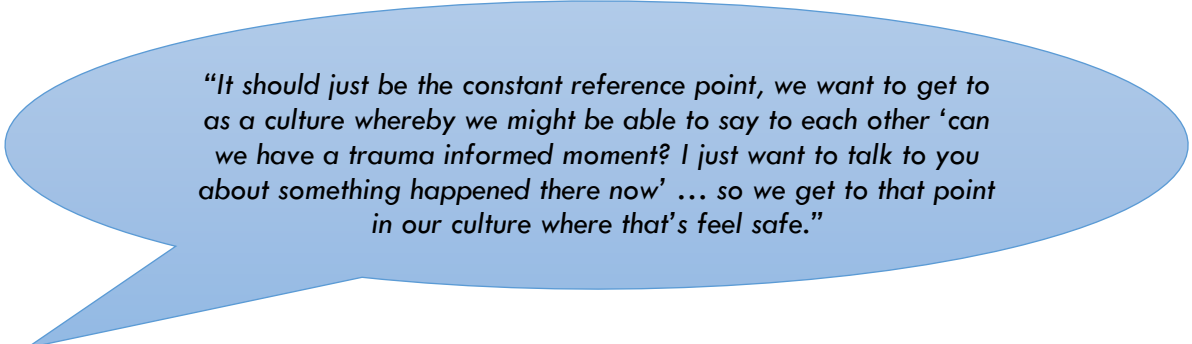
"making sure that that leadership, that top tier senior management team as high up as you can get are still on board with the new people that are coming on board to that level" (Michelle)

Implementing a TIA was described as primarily concerning organisational change for the betterment of staff and service users, but some also observed the wider vision that trauma leads tended to carry:



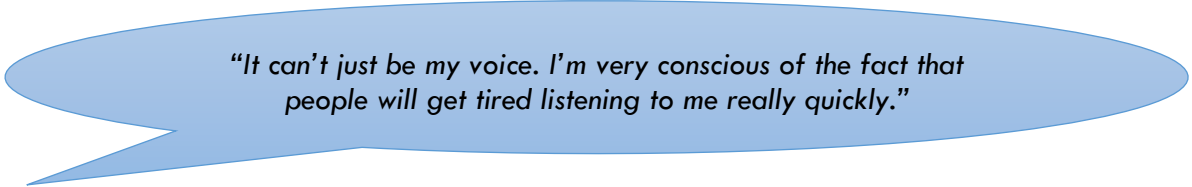
"This is something for us. I think probably in [trauma lead] mind and [CEO], there's a sunrise, the light that they're looking towards that's if we change an organisation, other things [society] will change around us." (Emma)

Sharing learning and supporting other professionals or connected organisations that they worked with in learning about a TIA was also a part of organisational strategy: "we are hoping that we can help our funded organisations" (Joanne). Participants spoke about wanting to get to a stage where a TIA would be normalised and widespread in the workplace:



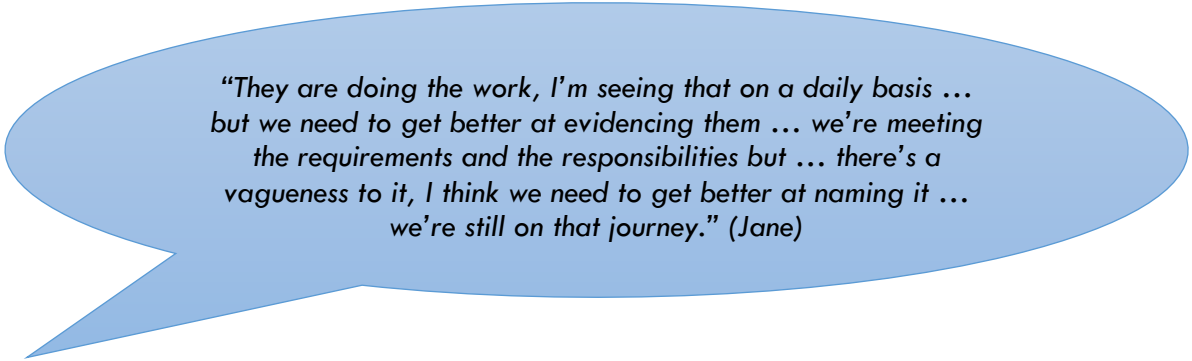
"It should just be the constant reference point, we want to get to as a culture whereby we might be able to say to each other 'can we have a trauma informed moment? I just want to talk to you about something happened there now' ... so we get to that point in our culture where that's feel safe."

Looking forward, participants reported several small and important changes or processes they needed to engage with further. Participants discussed the task of keeping people engaged throughout and ensuring buy-in as the process unfolds: "I hope people aren't thinking I'll not bother" (Alex). Ongoing TIA implementation within organisations also needed to include a diversity of voices:



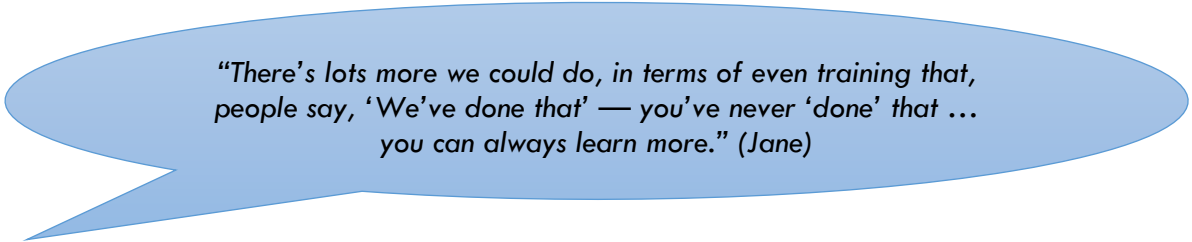
"It can't just be my voice. I'm very conscious of the fact that people will get tired listening to me really quickly."

Participants also spoke about the important need for systems and reporting processes within organisations to be further improved and designed to support the capturing and recording of a TIA with practitioners:



"They are doing the work, I'm seeing that on a daily basis ... but we need to get better at evidencing them ... we're meeting the requirements and the responsibilities but ... there's a vagueness to it, I think we need to get better at naming it ... we're still on that journey." (Jane)

Participants considered more training opportunities and providing more well-being support for staff as key components to embedding an organisational TIA:

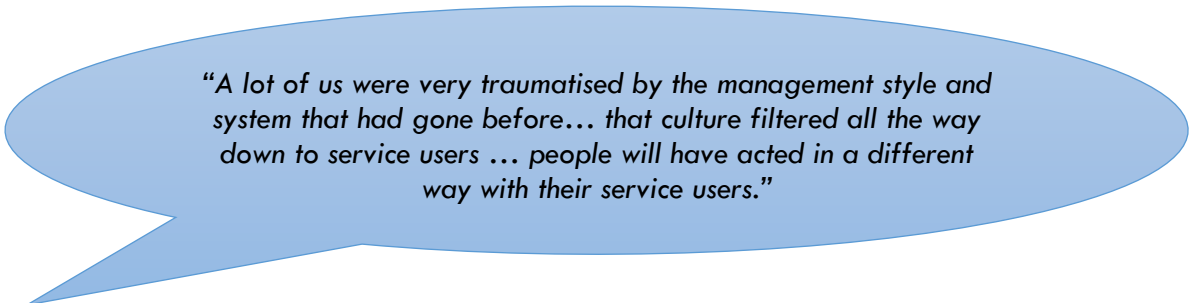


"There's lots more we could do, in terms of even training that, people say, 'We've done that' — you've never 'done' that ... you can always learn more." (Jane)

Participants' experiences with the external assessment process supported their implementation from the early stages, and in the later stages has helped to define strategic planning for the sustainable embedding of an organisational TIA. Awards (OST) and scores (TIO) provide a quantifiable baseline of organisational culture, which whilst challenging, offers constructive feedback to drive organisational change. Through this process, leaders on trauma implementation teams could identify next steps, both in the short-term and longer-term.

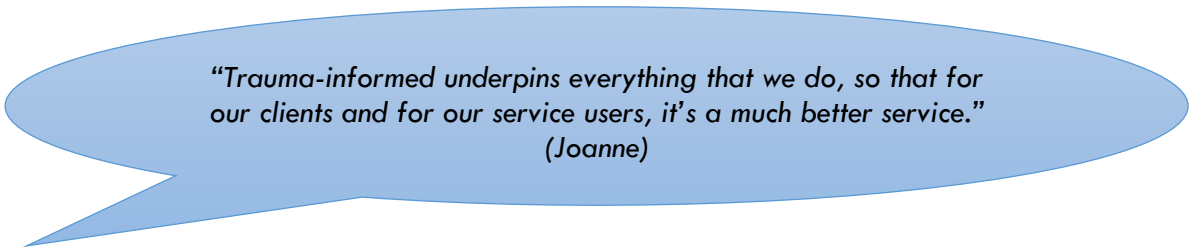
Improving Services

Some participants reflected on previous organisational administration and practice and the ways in which leadership at the very top directly affects the type of service that people experience:



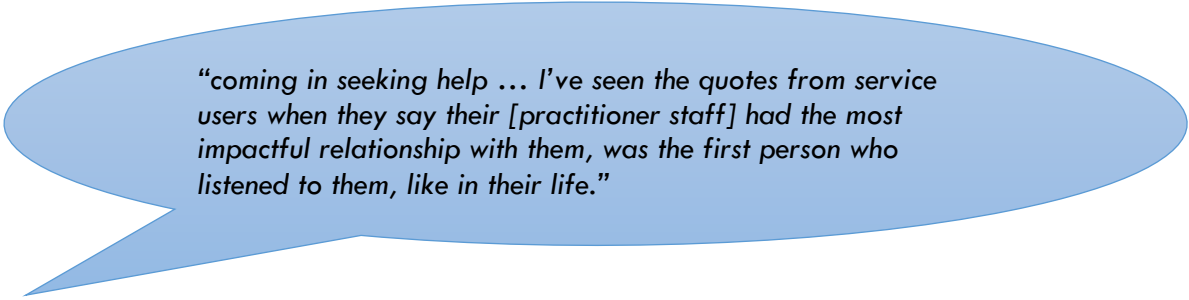
"A lot of us were very traumatised by the management style and system that had gone before... that culture filtered all the way down to service users ... people will have acted in a different way with their service users."

The implementation of an organisational TIA through the external assessment process, and the associated improvements and changes to policy and provision, were reported to be improving the service for all involved, but specifically for service users:



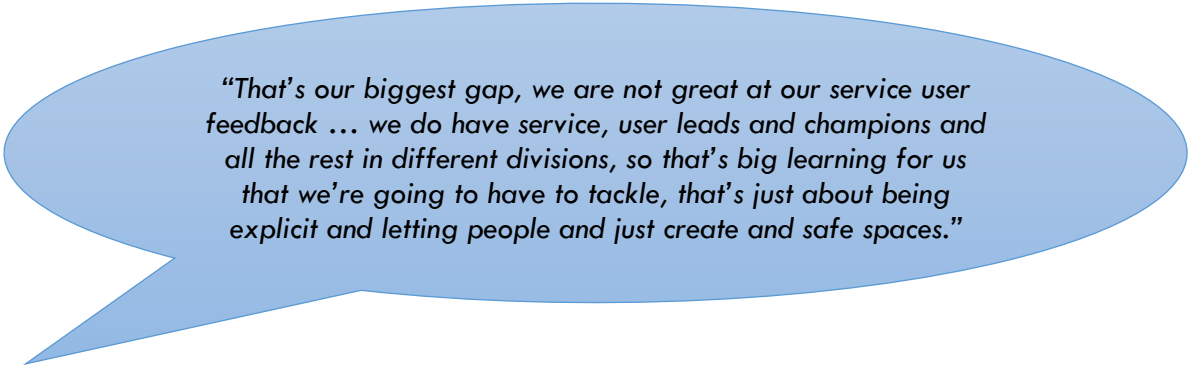
*"Trauma-informed underpins everything that we do, so that for our clients and for our service users, it's a much better service."
(Joanne)*

Although two other organisations were at earlier stages of the journey, improved provision was already visible for some staff and for service users simply through improved awareness. At PBNI, participants spoke about important learning and highlighted existing good practices for those at first point of contact for people seeking help:



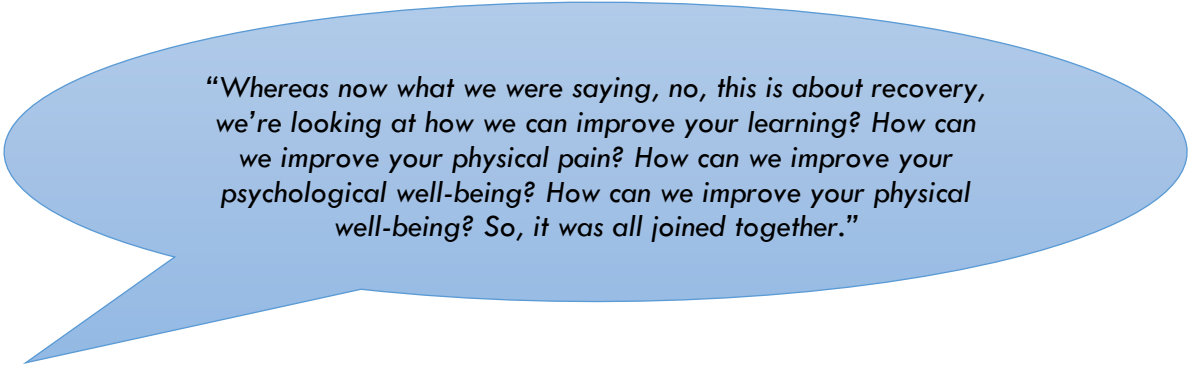
“coming in seeking help ... I’ve seen the quotes from service users when they say their [practitioner staff] had the most impactful relationship with them, was the first person who listened to them, like in their life.”

At the SHSCT, initial feedback from reports meant that they had important feedback to begin to develop a strategy to improve their provision for service users by including service user voice:



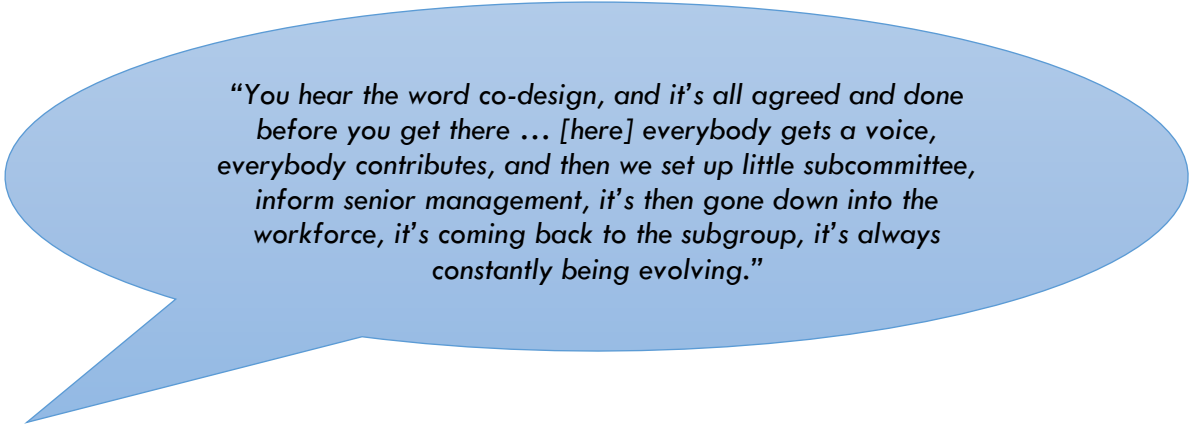
“That’s our biggest gap, we are not great at our service user feedback ... we do have service, user leads and champions and all the rest in different divisions, so that’s big learning for us that we’re going to have to tackle, that’s just about being explicit and letting people and just create and safe spaces.”

Two organisations that were further on in their implementation journey shared the ways in which their organisations had improved provision for service users. At VSS, a TIA, which began prior to the assessment process, supported the service to consider a holistic approach to the individual, whereas previously they might have been focused on economic support:



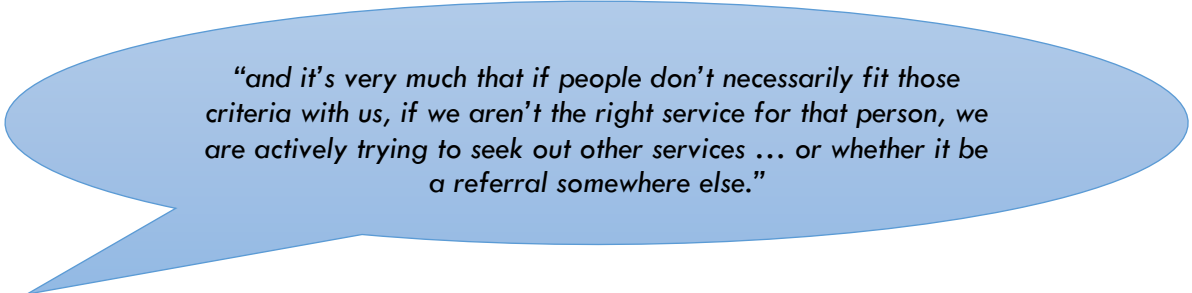
“Whereas now what we were saying, no, this is about recovery, we’re looking at how we can improve your learning? How can we improve your physical pain? How can we improve your psychological well-being? How can we improve your physical well-being? So, it was all joined together.”

Participants spoke about person-centred practices, and embedding physical and psychological safety in their premises and interactions with people using their service: *“making it a really safe environment for people and actually going on their journey with them.”* Participants also discussed the role of meaningful co-design with all staff:



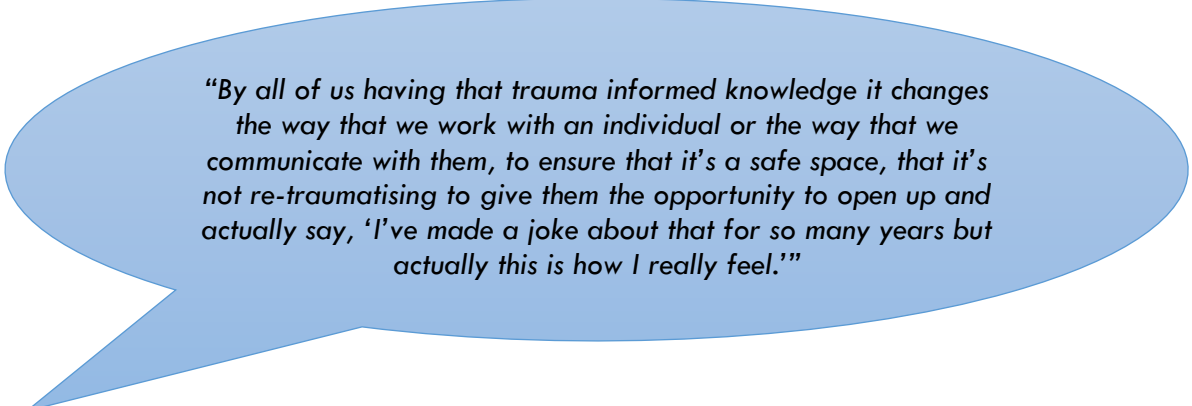
"You hear the word co-design, and it's all agreed and done before you get there ... [here] everybody gets a voice, everybody contributes, and then we set up little subcommittee, inform senior management, it's then gone down into the workforce, it's coming back to the subgroup, it's always constantly being evolving."

At VSS, policy was reviewed to ensure it aligned with existing good practice and that approaches were standardised across the organisation: *"policies and procedures that we have are being relooked at with the trauma informed lens, being completely redrafted, rewritten to ensure that those are trauma informed, which again will have a knock-on effect for service users."* Participants described how empathy and active listening is now a part of TIA training for answering phones, which reduces re-traumatisation risk for those seeking help: *"and that's why when you make that call that you're greeted with someone who is so understanding, has that trauma informed knowledge and takes the time to listen."* Reducing re-traumatisation risk while help-seeking had also included providing training on supporting people who do not meet service criteria to find appropriate help elsewhere:



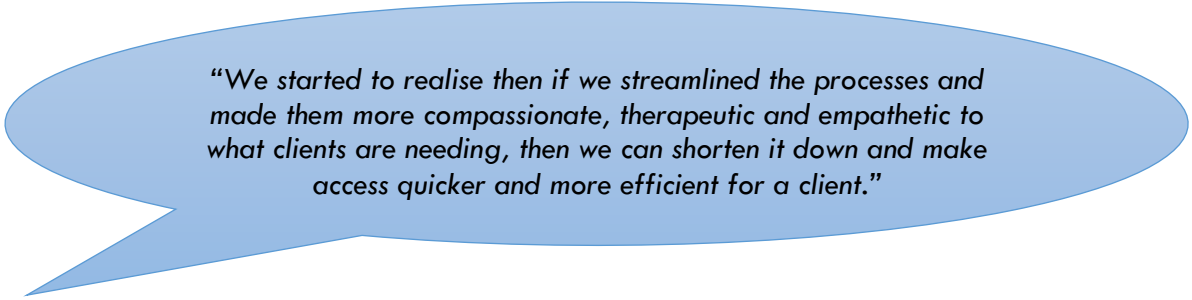
"and it's very much that if people don't necessarily fit those criteria with us, if we aren't the right service for that person, we are actively trying to seek out other services ... or whether it be a referral somewhere else."

The increased psychological safety within the service supported service users to communicate more openly about their feelings and need:



"By all of us having that trauma informed knowledge it changes the way that we work with an individual or the way that we communicate with them, to ensure that it's a safe space, that it's not re-traumatising to give them the opportunity to open up and actually say, 'I've made a joke about that for so many years but actually this is how I really feel.'"

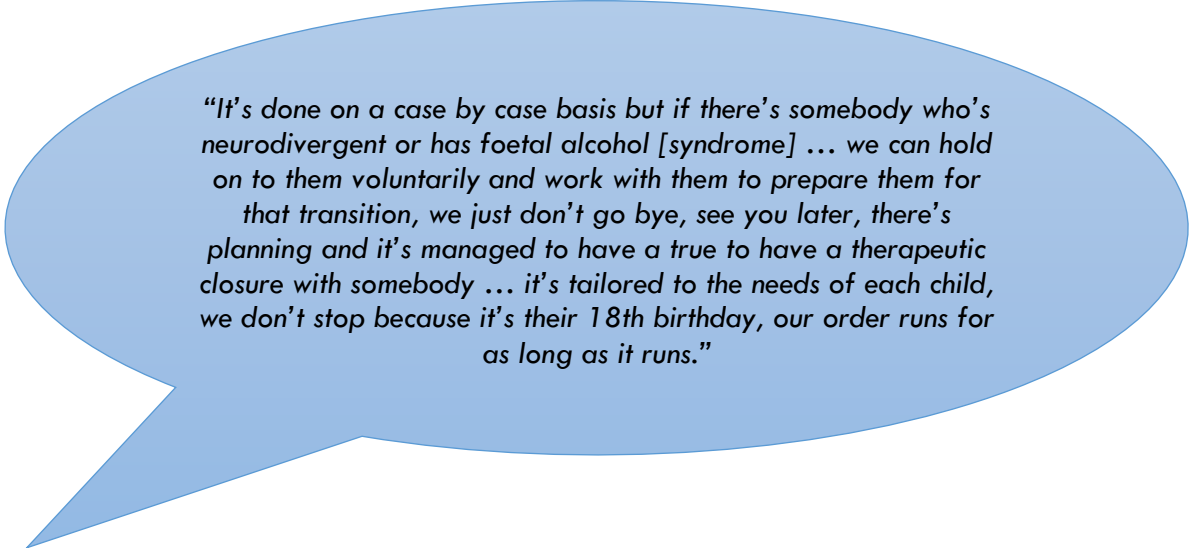
One participant elaborated further on how improved administrative processes meant that people using their services can have more efficient access to support, which could contribute to the overall reduction in re-traumatisation:



"We started to realise then if we streamlined the processes and made them more compassionate, therapeutic and empathetic to what clients are needing, then we can shorten it down and make access quicker and more efficient for a client."

Another participant at VSS reflected on how they had successfully implemented approaches to support staff to deal with inappropriate or unacceptable behaviour from service users, which reduced the risk of re-traumatisation for staff as well: *"they're so understanding of how trauma presents itself, it's having that balance to go, listen, I know you know where they're coming from, but you are allowed to say this is not acceptable."*

For YJA, an important opportunity to reduce re-traumatisation was around when a young person is transitioning between children's services at eighteen to an adult service: *"for a child to be able to manage that transition, there's the whole organisation staff ... there's a whole prep to be done."* Although the organisation alone cannot improve the entire service transition process, because it requires partnership with other services to engage in a transition process plan, participants from YJA discussed their own TIA to ensure that transitions are managed therapeutically, are person-centred and developmentally considered with respect to the young person's ability and needs, while working within the wider remit of the legal system:

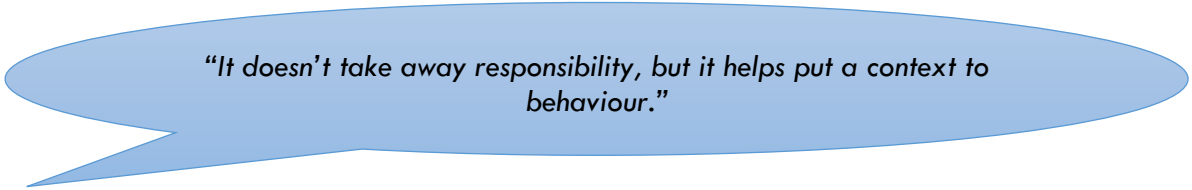


"It's done on a case by case basis but if there's somebody who's neurodivergent or has foetal alcohol [syndrome] ... we can hold on to them voluntarily and work with them to prepare them for that transition, we just don't go bye, see you later, there's planning and it's managed to have a true to have a therapeutic closure with somebody ... it's tailored to the needs of each child, we don't stop because it's their 18th birthday, our order runs for as long as it runs."

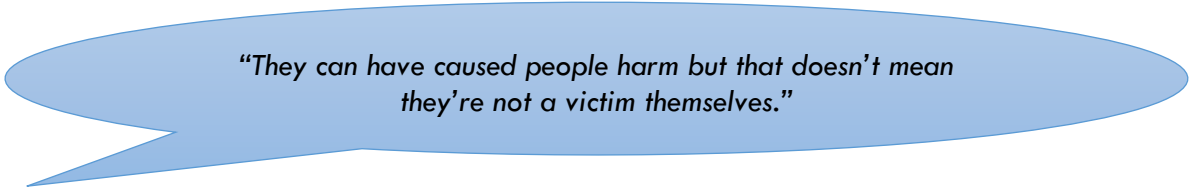
Participants explained that implementing an organisational TIA had positively impacted upon service users by supporting staff to use shared language and challenge potentially re-traumatising policies of other organisations. Doing advocacy work from a TIA at YJA included trying to help young people access healthcare and trauma leads related that after a long process they had changed how another service worked with service users: *"having them [provide developmentally appropriate service] has made a massive difference and with the engagement."* Overcoming fragmented systems and working to improve communication and coordination can reduce re-traumatisation for service users and support the implementation of an organisational TIA: *"It's trying to be applied universally across different departments and services at the same time. It's allowing those conversations to naturally happen, so it leads to better outcomes for children."*

Developing an organisational TIA involves collaboration with key stakeholders across sectors, which was identified as improving service provision for young people because it

improves understanding of trauma behaviours for all young people involved in the criminal justice system:

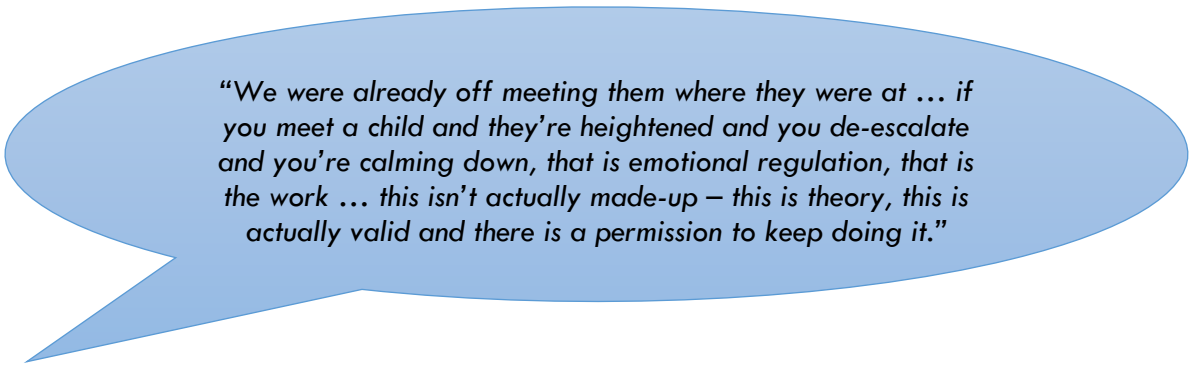


"It doesn't take away responsibility, but it helps put a context to behaviour."



"They can have caused people harm but that doesn't mean they're not a victim themselves."

Participants also spoke about their improved knowledge as a result of TIA training, which helped them to directly support young people: *"I explained about fight or flight ... how traumatic memories are processed and they're getting on a lot better now."* Participants described that they continued their own organically developed good practice with more confidence that their approaches are trauma informed and acknowledged through shared language:

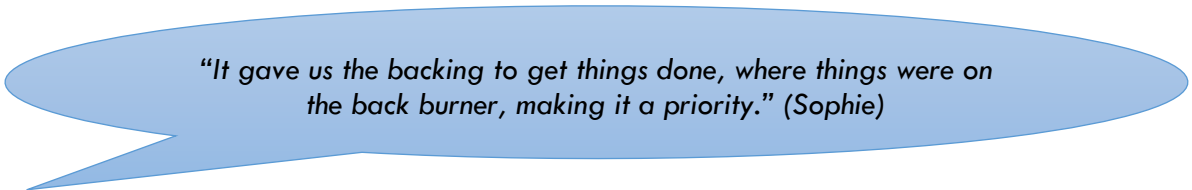


"We were already off meeting them where they were at ... if you meet a child and they're heightened and you de-escalate and you're calming down, that is emotional regulation, that is the work ... this isn't actually made-up – this is theory, this is actually valid and there is a permission to keep doing it."

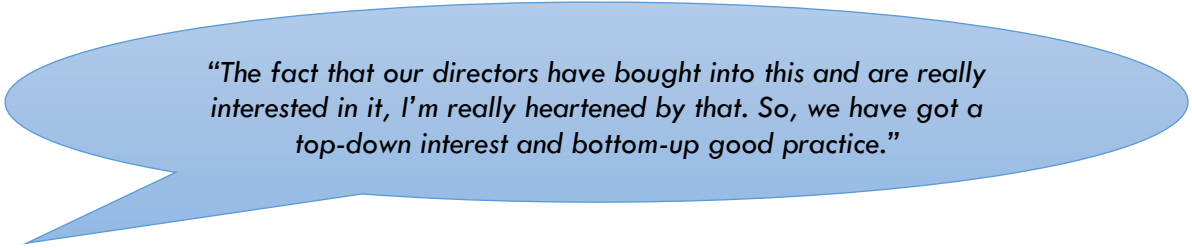
Engaging with the external assessment process, in supporting the implementation of an organisational TIA, was recognised to improve services for service users and for staff.

Validating the Work

The external assessment to achieve awards (OST) or the opportunity to receive a score and recommendations (TIO), the use of shared language and the support of external partners (SBNI) created a positive combination that supported organisations to begin working towards the implementation of an organisational TIA. The experiences also validated work to date or facilitated organisations to become more explicit about how practice is supported and prioritised within services:

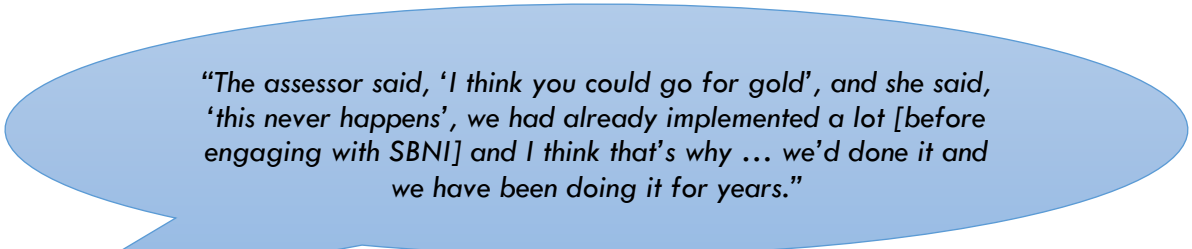


"It gave us the backing to get things done, where things were on the back burner, making it a priority." (Sophie)

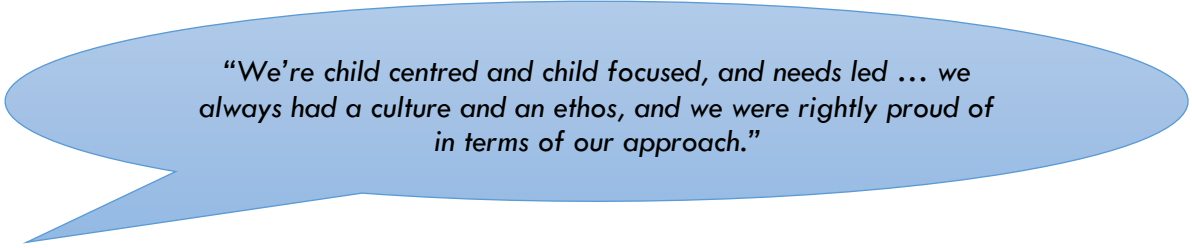


"The fact that our directors have bought into this and are really interested in it, I'm really heartened by that. So, we have got a top-down interest and bottom-up good practice."

One of the most significant impacts for organisations engaged with the implementation of a TIA was in the acknowledgement of the existing expertise and person-centred practices in the organisation:

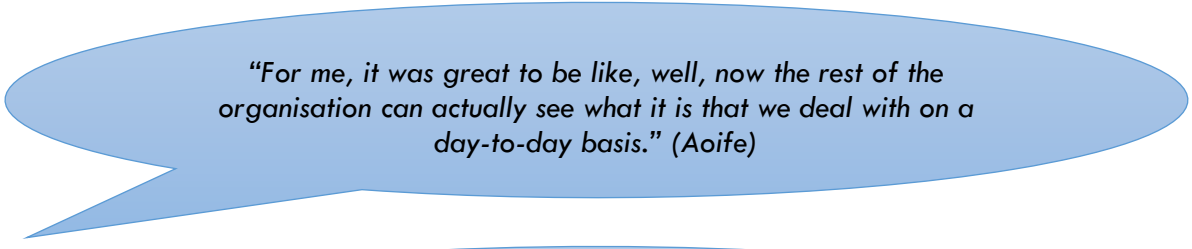


"The assessor said, 'I think you could go for gold', and she said, 'this never happens', we had already implemented a lot [before engaging with SBNI] and I think that's why ... we'd done it and we have been doing it for years."

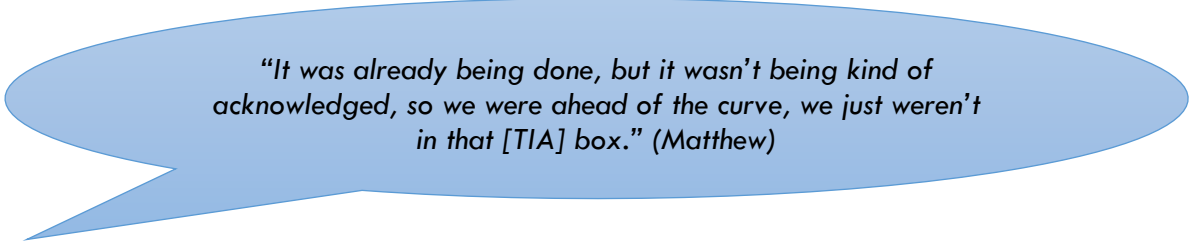


"We're child centred and child focused, and needs led ... we always had a culture and an ethos, and we were rightly proud of in terms of our approach."

Practitioner participants spoke about feeling validated for their trauma informed practices, which they thought were previously undervalued and sometimes dismissed:

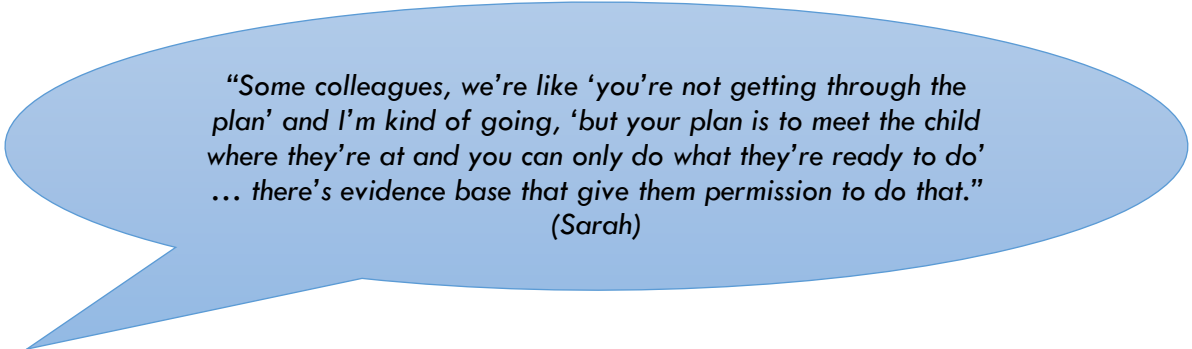


"For me, it was great to be like, well, now the rest of the organisation can actually see what it is that we deal with on a day-to-day basis." (Aoife)



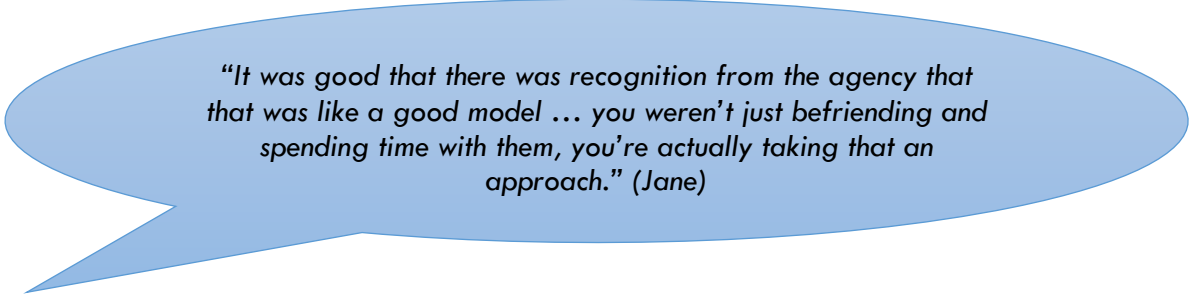
"It was already being done, but it wasn't being kind of acknowledged, so we were ahead of the curve, we just weren't in that [TIA] box." (Matthew)

Some participants spoke about how previously the personal and professional impact of their work was not always acknowledged and how they tried to justify their work, which would have sometimes led them to them feeling that they were working outside of their organisational parameters when meeting client needs:



"Some colleagues, we're like 'you're not getting through the plan' and I'm kind of going, 'but your plan is to meet the child where they're at and you can only do what they're ready to do' ... there's evidence base that give them permission to do that."

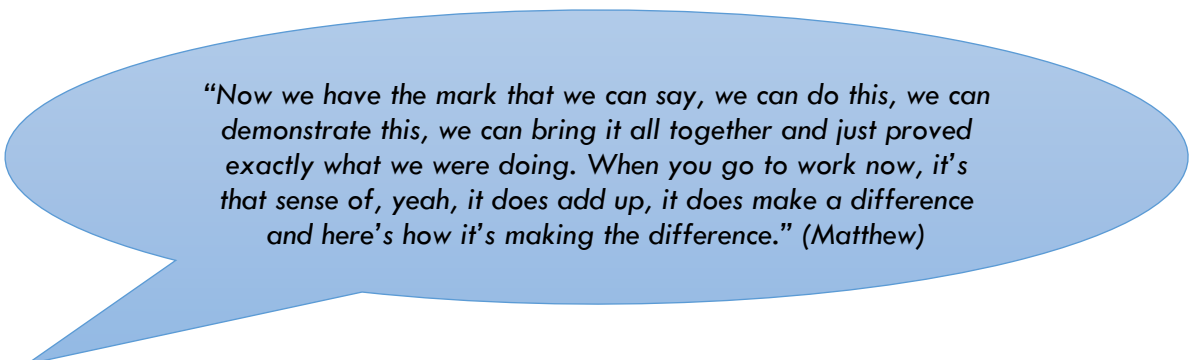
(Sarah)



"It was good that there was recognition from the agency that that was like a good model ... you weren't just befriending and spending time with them, you're actually taking that an approach."

(Jane)

However, practitioners also expressed that although they had expertise with using a TIA, there was more learning and work ahead: *"we're feeling validated, but still on a journey still a long way to go"* (Joseph). Importantly, for some working longer term on the implementation of a TIA (before engaging with SBNI), the process confirmed that the goals they had set out and the changes previously made were externally acknowledged as successful:



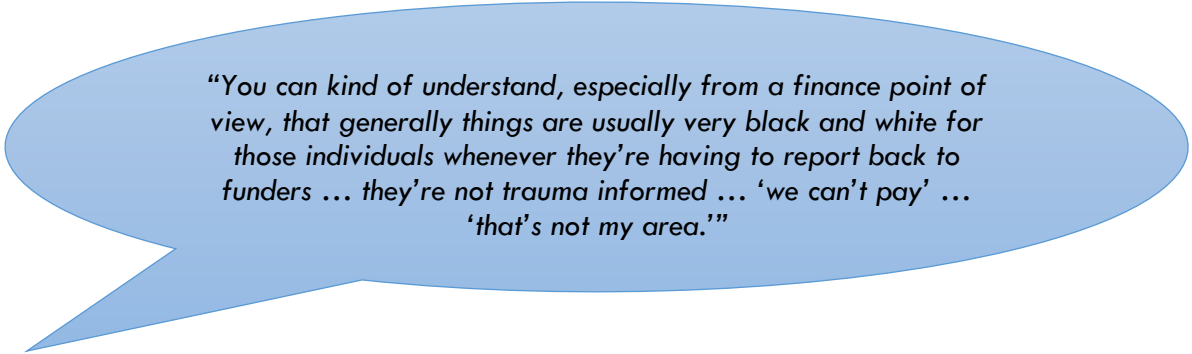
"Now we have the mark that we can say, we can do this, we can demonstrate this, we can bring it all together and just proved exactly what we were doing. When you go to work now, it's that sense of, yeah, it does add up, it does make a difference and here's how it's making the difference."

(Matthew)

Engaging in the external assessment process supported organisations to validate existing good practices.

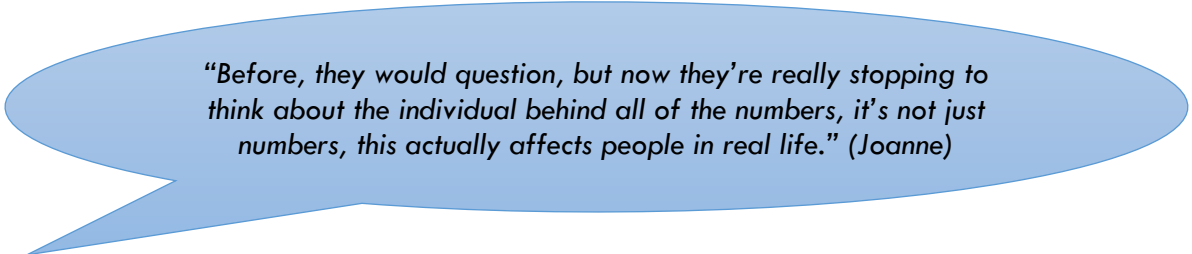
Organisational Culture Change: Ripple Effects of a Relational Approach

Participants were asked to reflect on their observations of their organisational culture since beginning the organisational TIA implementation. At structural levels within organisations, the external assessment process and the SBNI training programmes provided implementation teams with the tools they needed to engage all teams in the organisation. Specifically, participants noted shifts in culture with teams that do not typically work with clients, but who provide important services, and who can make important decisions that affect both staff and clients. One participant described previous practices:

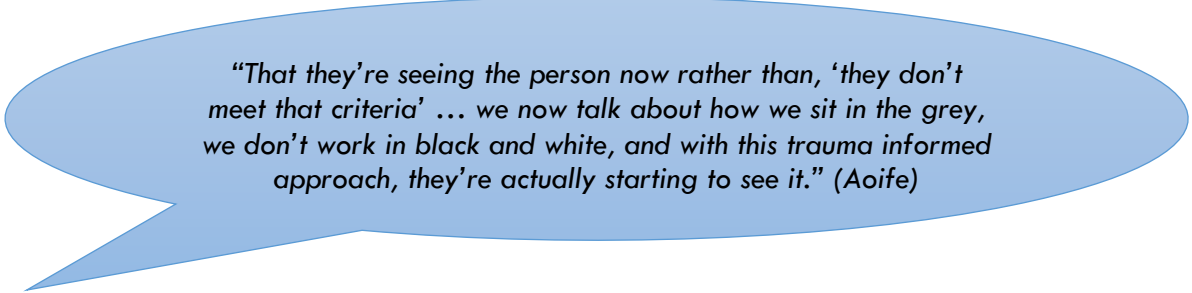


"You can kind of understand, especially from a finance point of view, that generally things are usually very black and white for those individuals whenever they're having to report back to funders ... they're not trauma informed ... 'we can't pay' ... 'that's not my area.'"

While challenges had been anticipated with engaging staff who were not in practice-based roles, participants noted that these anticipated challenges had not materialised. Participants related that during training, engagement from staff across the organisation exceeded their expectations. They explained that the outcomes resulted in a new organisational culture, whereby staff now humanise numbers and decisions:

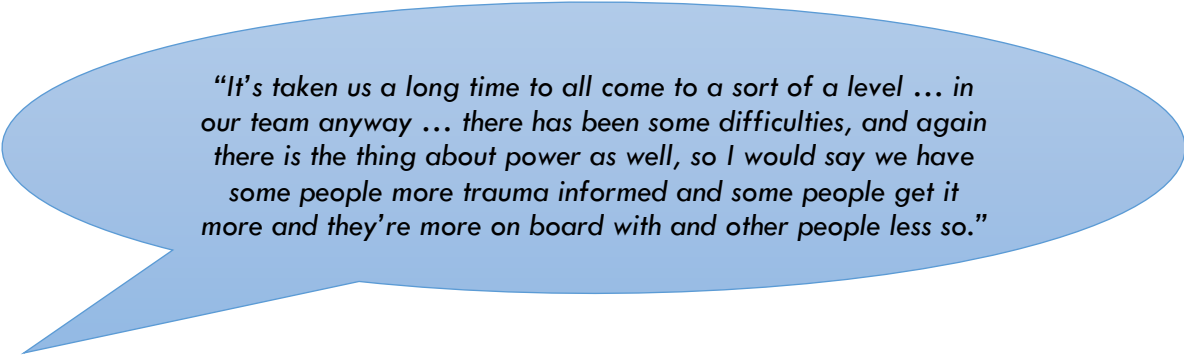


"Before, they would question, but now they're really stopping to think about the individual behind all of the numbers, it's not just numbers, this actually affects people in real life." (Joanne)



"That they're seeing the person now rather than, 'they don't meet that criteria' ... we now talk about how we sit in the grey, we don't work in black and white, and with this trauma informed approach, they're actually starting to see it." (Aoife)

Participants also spoke about increased opportunities to discuss policy and finance decisions: *"actually having the trauma informed discussion and using this opportunity and experience to bring up the conversation with people who have never thought about how their own role was so valuable, we've seen like a massive shift"* (Joanne). While overall cultural changes in an organisation were shifting, part of the journey was understanding that different teams could respond in different ways to the implementation of an organisational TIA. Some teams were described as engaging more quickly than others: *"There's been no difficulties at all, everybody is on the same way of length in some areas it's more difficult than others."* The pace of engagement varied within and between teams, which was considered something to be expected and that could be achieved:

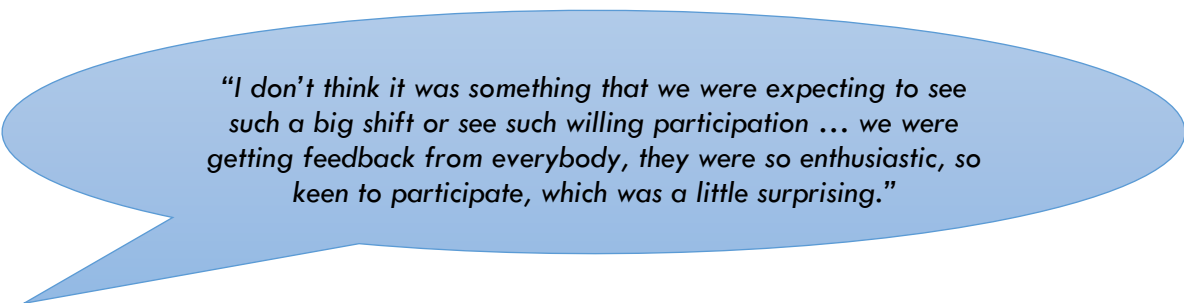


"It's taken us a long time to all come to a sort of a level ... in our team anyway ... there has been some difficulties, and again there is the thing about power as well, so I would say we have some people more trauma informed and some people get it more and they're more on board with and other people less so."



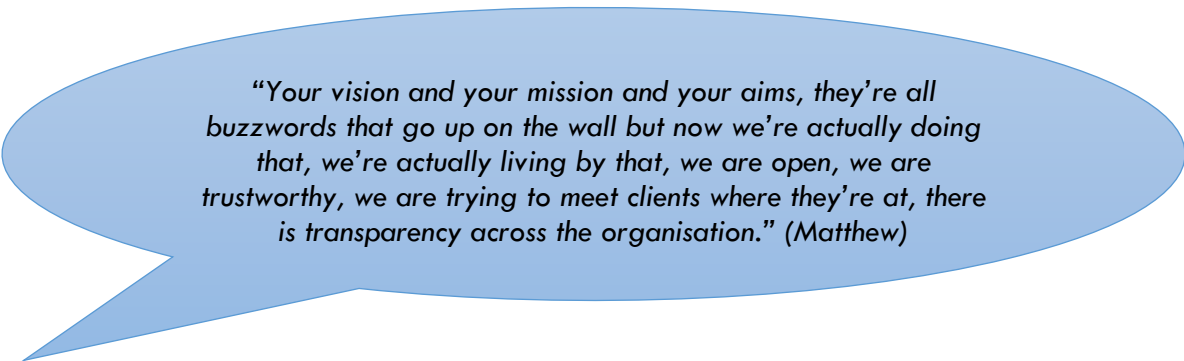
"Culture can't change overnight."

Regarding staff engagement in general, participants in some organisations related that their expectations for culture change have been exceeded:

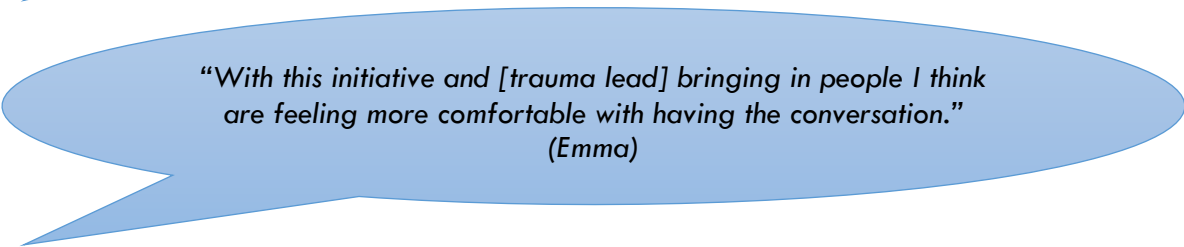


"I don't think it was something that we were expecting to see such a big shift or see such willing participation ... we were getting feedback from everybody, they were so enthusiastic, so keen to participate, which was a little surprising."

The change in organisational practices was also connected to implementation of meaningful changes at a strategic level:



"Your vision and your mission and your aims, they're all buzzwords that go up on the wall but now we're actually doing that, we're actually living by that, we are open, we are trustworthy, we are trying to meet clients where they're at, there is transparency across the organisation." (Matthew)



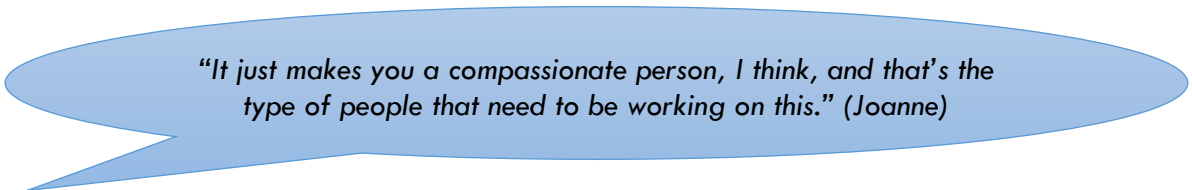
*"With this initiative and [trauma lead] bringing in people I think are feeling more comfortable with having the conversation."
(Emma)*

Importantly, participants spoke about improved relationships as a result of the changes put in place from implementing an organisational TIA, referring both to service users and to colleagues with each other: *"I really feel like at the minute we have such a good strong team"* (Aoife). Others spoke about repaired relationships: *"They dramatically changed ... we ended up having a very close relationship"* (Sarah), and improved team relationships: *"I think the processes are good in terms of support they feel supported by their colleagues and other managers, that they got their*

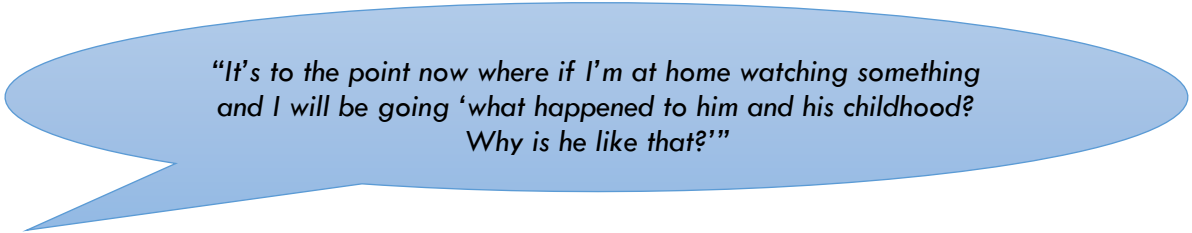
back” (Anne). Within teams, some participants described transformations of colleagues that were notable, and indicative of increased psychological safety: *“just think of someone not trauma informed and that would be them ... not only did they [engage with ongoing activity] but its [TIA] has completely changed their mindset [to work].”*

The increase in the sense of psychological safety was also connected to physical changes that were created within buildings, and reinforcement from leaders who modelled a TIA in the workplace: *“this is my time to maybe come out and show my true colours or that side of me that I’ve never actually had the opportunity to show before.”* Improved relationships and positive impacts were also cited as stemming from enhanced alignment with organisational values and the enactment of these values in practice: *“we’re an organisation that professed these values ... internally, [management] did not practice them at all [previously]... an element of that [adoption of a TIA] is this is what we were meant to be all along as an organisation.”*

Another change that was identified was connected to how engaging with an organisational TIA has a ripple effect on relationships within people’s personal lives; once they could see through a trauma lens, they viewed the world in a different way.

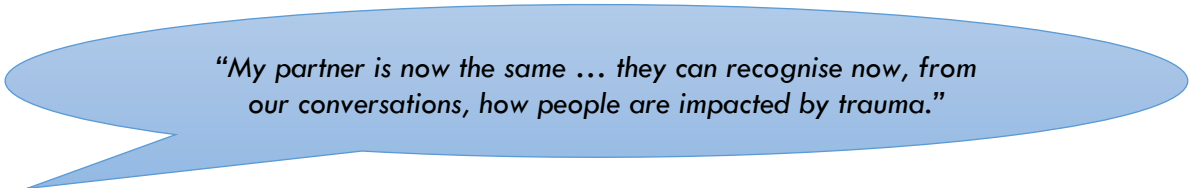


“It just makes you a compassionate person, I think, and that’s the type of people that need to be working on this.” (Joanne)



“It’s to the point now where if I’m at home watching something and I will be going ‘what happened to him and his childhood? Why is he like that?’”

Participants spoke about the breadth of change they observed from people engaging in training: *“I’ve seen it change an awful lot of people” (Joanne)*. This effect was observed as extending to some of their family members:



“My partner is now the same ... they can recognise now, from our conversations, how people are impacted by trauma.”

The process of implementing an organisational TIA supported by the external assessment process has created positive ripple effects for staff in terms of their relationships with each other and in their relationships outside of work in their personal lives, thus showing the far-reaching significance of engaging in the TIA process.

Guidance for Others

Participants offered specific guidance and recommendations to other organisational teams considering or beginning to work on the implementation of an organisational TIA, and to engage with an external assessment process. The process was envisioned as a golden thread woven into the fabric of an organisation.

Planning

Firstly, participants suggested **building up personal knowledge** on trauma and organisational TIA:

"I've spent this time investing in, at the beginning and trying to, read everything ever written ... just totally immersed myself in this." (Alex)

Participants also advised others to build up knowledge of their organisation: "Take your time to understand your organisation" (Alex) and establish a team of **authentic leaders** who can role-model a TIA: "We're the go-to people ... so that has already been established that we're safe, that's built a wee bit of trust" (Sophie).

When working on engagement, it was important **to support colleagues and prevent overwhelm**, take time and do not introduce too many resources or training until people are conceptually on board:

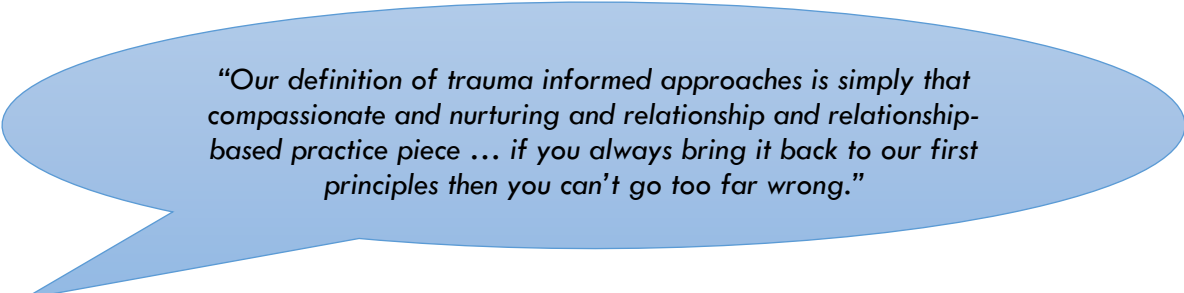
"Work on alleviating their fears, why we're doing this and what it might look like, explaining what it is, what it's not before you even go near training ... it's not going to be a big ask. It's just a change in the way we're working. It's transformative."

"Even like the toolkit SBNI has developed because I think it really helps focus people because I think they get overwhelmed by it." (Anne)

Developing understanding of trauma, organisational TIA and the specific organisation can support the development of a **guiding vision** for the process, which was described as an anchor for the process:

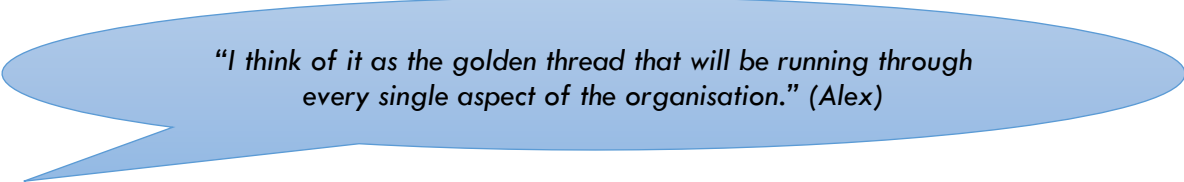
"and really take time to think about your vision. I think that time spent at the beginning really means you're going to build a solid foundation on which all of this can happen, because it's going to get tested." (Alex)

"If this is done right, this is just stitched into the fabric of the services." (Helen)

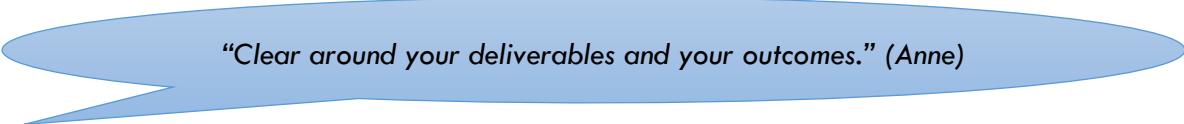


"Our definition of trauma informed approaches is simply that compassionate and nurturing and relationship and relationship-based practice piece ... if you always bring it back to our first principles then you can't go too far wrong."

Utilise all suitable resources and frameworks to **develop individual organisation roadmaps**: "use the toolkit as a guide" (Sophie) and develop **methodological strategies and measurable goals**:



"I think of it as the golden thread that will be running through every single aspect of the organisation." (Alex)



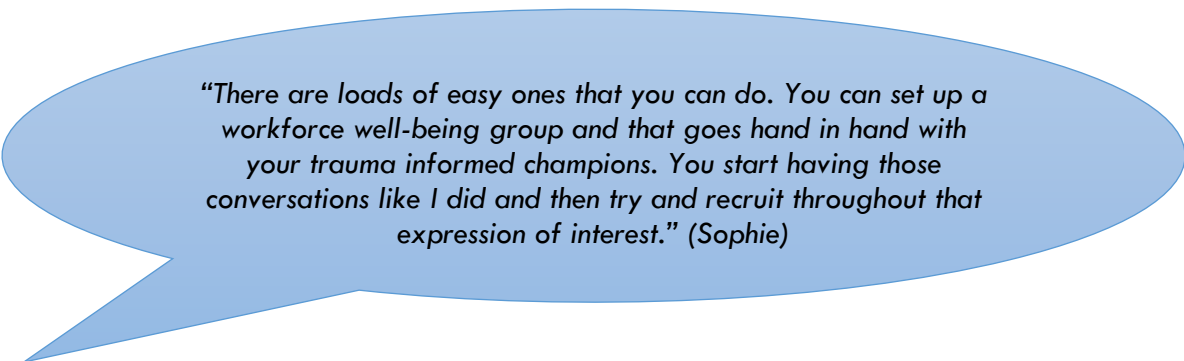
"Clear around your deliverables and your outcomes." (Anne)

More time spent in the beginning on comprehensive planning would lead to a successful and efficient process: "We're not doing this until we're ready to go and that I'm confident that we're going to achieve it ... because it saves you time in the long run" (Sophie).

Making Changes

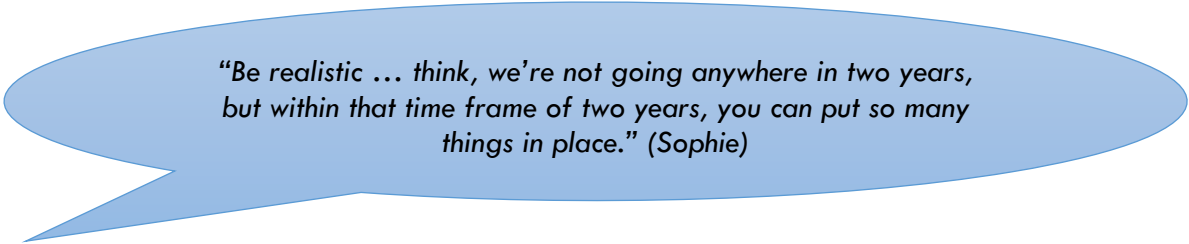
Implementing an organisational TIA is a significant organisational process, and so deciding on what can be done during the first review is about **being strategic and setting small achievable tasks** to address gaps: "There's so many angles to look at it from, and you can't do it all" (Helen).

When beginning to review the organisation and plan changes, participants spoke about beginning by **identifying strengths**: "and don't underestimate what you've already done, where you've changed your systems, where you're given more time, and more resources" (Anne). When it comes to identifying gaps and making changes, everyone advised to **start with manageable tasks**:

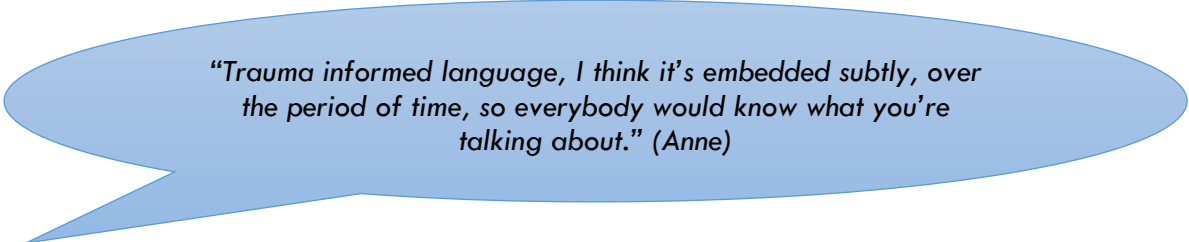


"There are loads of easy ones that you can do. You can set up a workforce well-being group and that goes hand in hand with your trauma informed champions. You start having those conversations like I did and then try and recruit throughout that expression of interest." (Sophie)

Develop **realistic timescales** dependent on the organisation size, resources and starting point, even for those who already are using trauma informed practices:



"Be realistic ... think, we're not going anywhere in two years, but within that time frame of two years, you can put so many things in place." (Sophie)

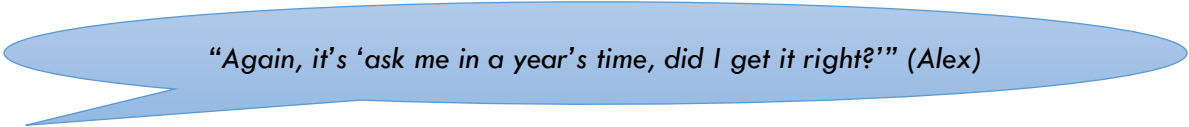


"Trauma informed language, I think it's embedded subtly, over the period of time, so everybody would know what you're talking about." (Anne)

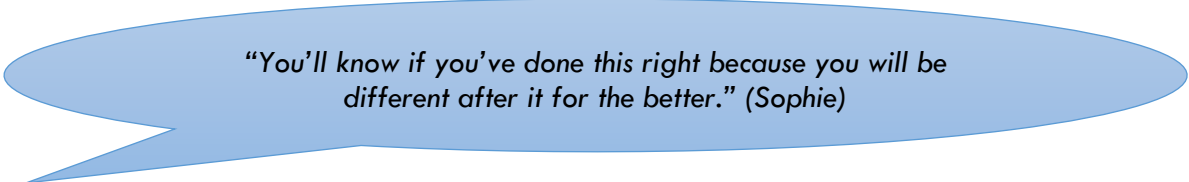
Specific goals within realistic timescales offer the most potential for incremental change to foster motivation.

Features of the Process

TIA implementation work is **cyclical in nature** and involves developing an understanding and an expectation of the process unfolding incrementally: *"You don't have to do everything all the time as the other thing, and you can work on it. Let it sit for a wee while, go and do other stuff and then come back to it"* (Anne). Participants spoke about including time out after major activities and including **reflective practice** as part of the overall strategy:

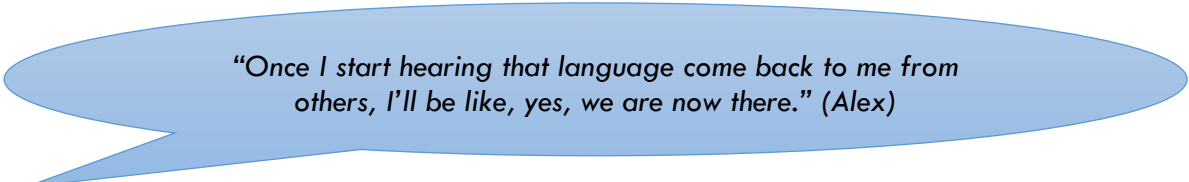


"Again, it's 'ask me in a year's time, did I get it right?'" (Alex)




"You'll know if you've done this right because you will be different after it for the better." (Sophie)

Implementing an organisational TIA is a **longitudinal process**, and the nature of change can be relatively fast or slow, for different people. Often successes can be observed in small ways at the beginning:

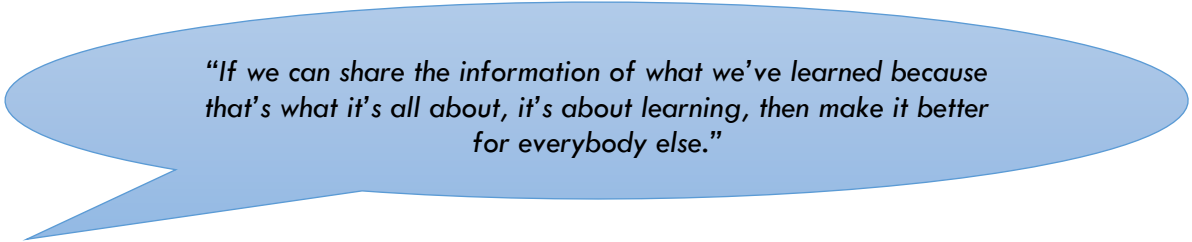


"Once I start hearing that language come back to me from others, I'll be like, yes, we are now there." (Alex)



"Just one brick at a time." (Sophie)

Connecting with other organisations for the purposes of support and **sharing learning** and **building networks** of leaders:

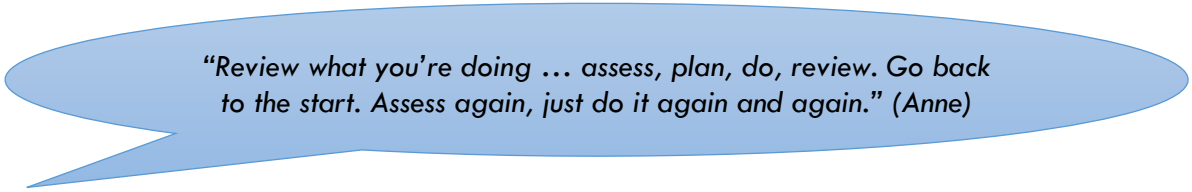


"If we can share the information of what we've learned because that's what it's all about, it's about learning, then make it better for everybody else."

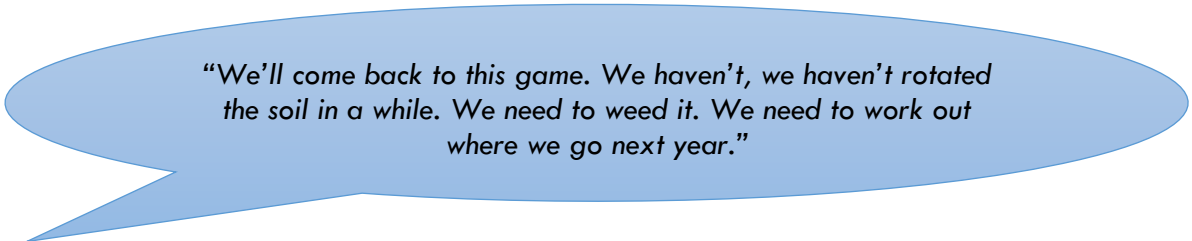
Long-term, collaborative working and shared learning is essential to the process.

Sustainability: Maintenance and Progression

In relation to the sustainability of an organisational TIA, maintenance was described in terms of having a **routine of activities** to support ongoing work and ultimately embed a TIA:



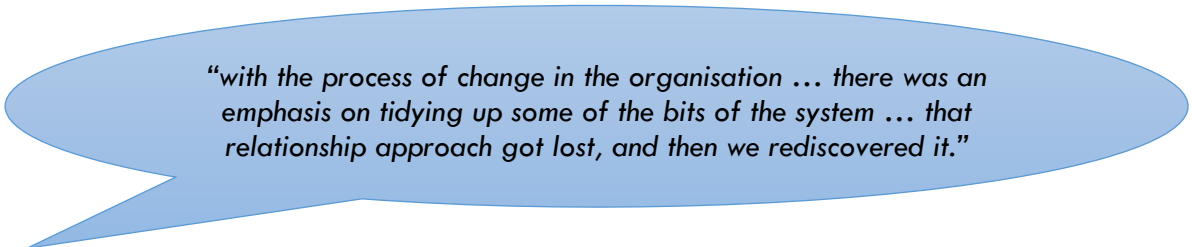
"Review what you're doing ... assess, plan, do, review. Go back to the start. Assess again, just do it again and again." (Anne)



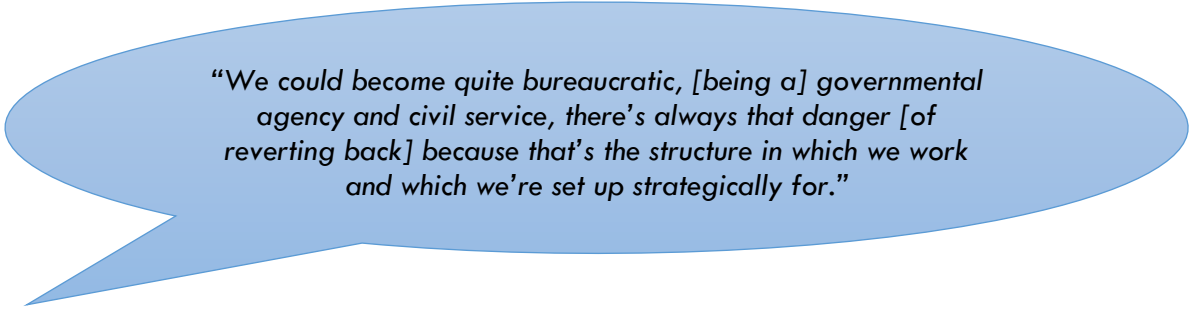
"We'll come back to this game. We haven't, we haven't rotated the soil in a while. We need to weed it. We need to work out where we go next year."

In addition, it was important to build organisational expertise and in-house resources and capacity: *"To provide the training so that there's that continuity, that anybody new coming on board [gets trained] ... we'll train you to be trainers and do it in-house and build capacity"* (Sophie). Use the supervision and wellbeing structures in the organisation, prioritise organisational care and self-care when possible and allow grace to self and others throughout the process: *"but at the same time don't be hard on yourself"* (Sophie).

As part of embedding an organisational TIA, those who had witnessed changes longitudinally in their organisation shared learning about pitfalls; that there was a need to **review for regressions or pendulum swings** in practice with the introduction of new models or leadership:



"with the process of change in the organisation ... there was an emphasis on tidying up some of the bits of the system ... that relationship approach got lost, and then we rediscovered it."



“We could become quite bureaucratic, [being a] governmental agency and civil service, there’s always that danger [of reverting back] because that’s the structure in which we work and which we’re set up strategically for.”

The sustainability of an organisational TIA requires on-going review, assessment and planning. Building capacity and expertise within and between organisations was also deemed significant and harnessing supervision and wellbeing structures to maintain and enhance compassionate leadership.

Theme Summary

This theme explicitly identified the range of impacts derived from taking part in the external assessment process for implementing an organisational TIA. Participants identified their views on the next steps for their organisations, improvements in services, for staff and service users, as well as validation of the work of client-facing staff working in trauma informed ways, sometimes for many years. Through engagement with the external assessment process, participants noted changes in organisational culture in terms of relationships between staff and the subsequent benefits for the working environment for all. Additionally, participants offered examples of personal transformations in terms of the ripple effect of developing trauma informed understanding and for staff personal lives and family relationships, and beyond. Based on the participants’ expertise from engaging with the external assessment process, they offered guidance for organisations considering or beginning the process of an external assessment for implementing an organisational TIA.

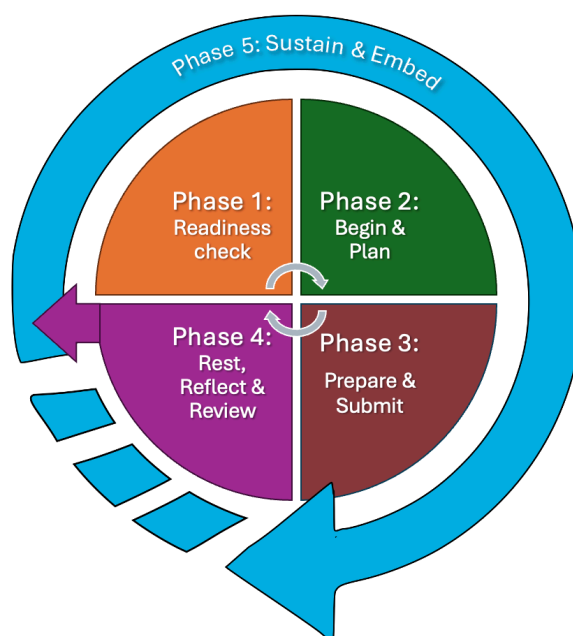
Mapping the TIA Implementation Process

This section maps the process of implementing an organisational TIA using an external assessment (TIO or OST). This mapping incorporates a model of the phases of TIA implementation, a model of pathways and core activities, a discussion of the role of partnerships, and specific considerations for the implementation of an organisational TIA in the Northern Ireland context.

Phases of TIA Implementation using an External Assessment

Across all organisations, participants described common activity patterns, which were shaped by the external assessments, the SBNI, their own organisational leadership and the implementation teams. These experiences and activities have been analysed and mapped to create a five-phase model to visually represent the typical phases that teams move through during their work on implementing an organisational TIA (Figure 1).

Figure 1: Five-Phase Model of Organisational TIA Implementation



The **first phase** generally begins when people seek information and resources about an organisational TIA, and they express interest in engaging in an external assessment process. This phase can be facilitated through connecting with the SBNI and can lead to presentations to senior management for permission to proceed. The **second phase** is initiated when an organisational TIA team lead(s), team and guiding vision have been established, and describes the common activities of engaging with those who can provide resources, and an external assessment team who can facilitate an organisational review. This typically proceeds to **phase three**, where evidence is collated, either by an external assessment using a survey to produce measurable scores (TIO) or internally by the organisation who produces a written submission for an external assessor with the aim of achieving an award (OST). The **fourth phase** includes taking time to rest before reflecting on the organisational TIA processes to date and reviewing strategy, goals and future directions. The **fifth phase** typically involves agreeing ways to make the TIA sustainable, where organisations can consider how to maintain and embed good practice, while planning for progression and improvement. Phase five in the diagram visually represents the ongoing nature of organisational TIA implementation work. Phases two and four can be re-engaged with during sustainability and review activities, or when working to enhance scores (TIO) or award levels (OST).

Key Aspects of the Implementation Process using an External Assessment

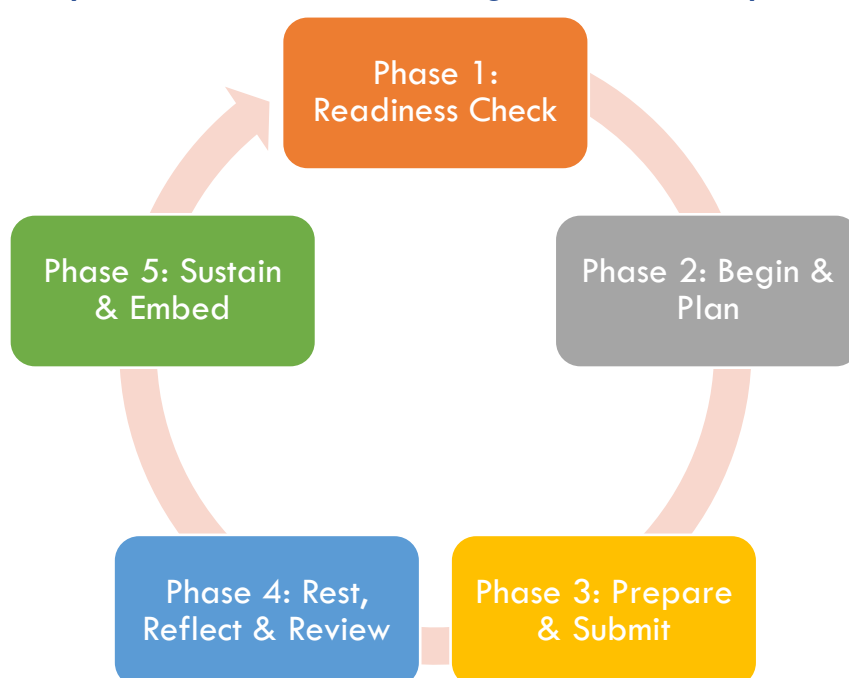
The key aspects of an organisational TIA implementation process using an external assessment are outlined in Table 7. The outline below takes cognisance of the fact that there will be different starting points for each organisation contemplating engaging in this process.

Table 7: Key Aspects of an Organisational TIA Implementation Process using an External Assessment

1.	Cyclical and phase-based work
2.	Upward movement or progression through sets of activities with each building on the previous
3.	Lengthy process involving continuous improvement
4.	Varying timeframe for implementation, specific to the organisation and depending on size and structure as well as existing pressures and priorities
5.	Intermittent working patterns with intensive periods and lulls
6.	A significant amount of work is completed in Phases 2 and 3, decreasing thereafter
7.	No hard border between phases; activities can occur concurrently and be dependent on resourcing of teams
8.	Iterative dynamic between working groups, implementation lead(s) and team and senior management
9.	Partnership with external assessment team to engage in feedback and discussion around scores (TIO) or awards (OST) in advance, and afterwards

The timeframes for the process are difficult to estimate, varying dependent on organisational size and structure, priorities and pressures, and resourcing. The nature of the process in an upward progression was described as building a strong foundation and local and organisational expertise, which can contribute towards sustainability of an organisational TIA. This process has also been visually captured in Figure 2.

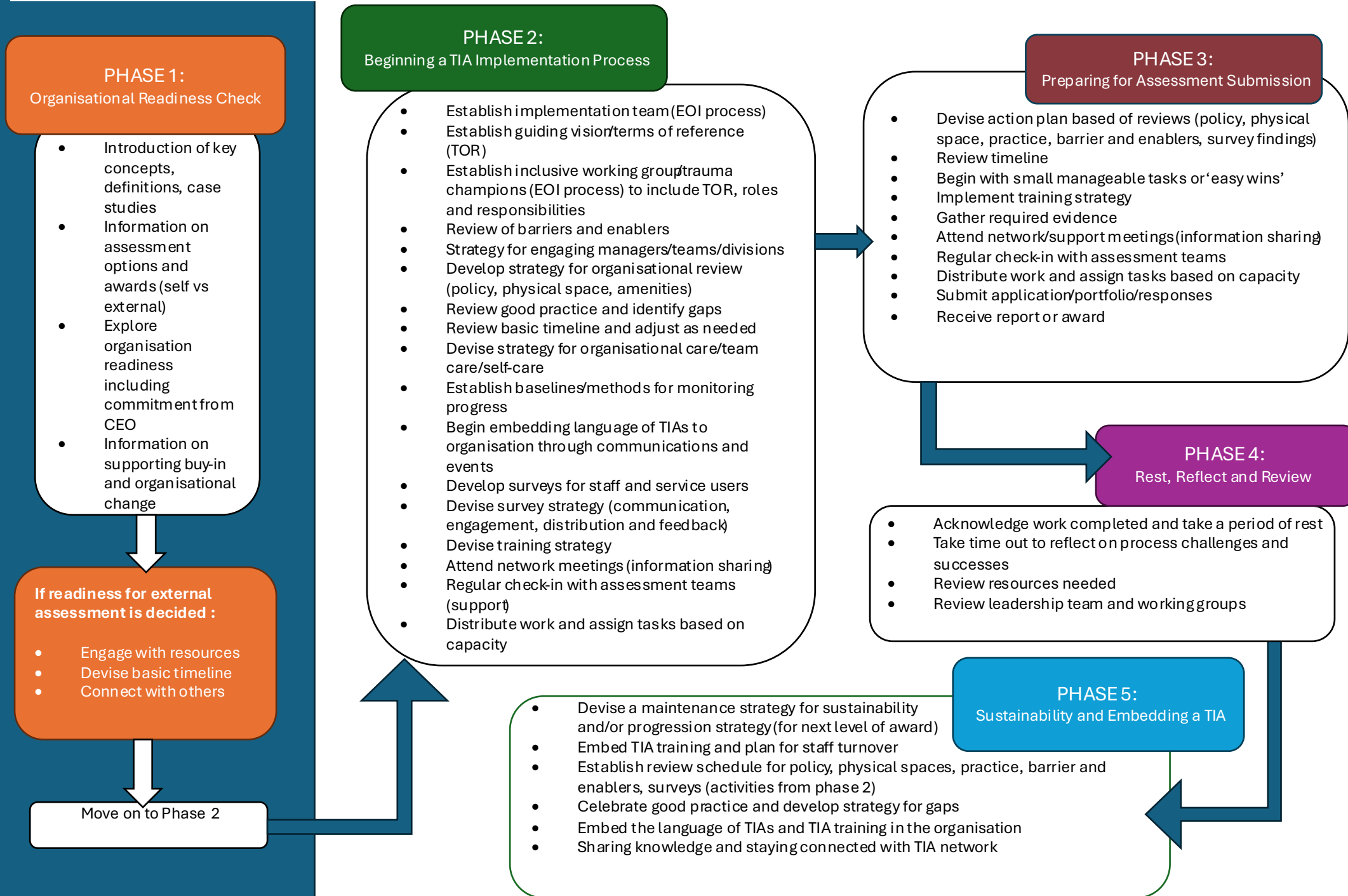
Figure 2: Cyclical and Phasal Nature of Organisational TIA implementation work



Pathway and Core Activities of TIA Implementation Process

Figure 3 provides the details and descriptions of the core activities that take place during the different phases of an organisational TIA implementation process using an external assessment. These findings can support the monitoring and tracking of the progress of organisations using an external assessment process and can inform an organisational standardised process for tracking the implementation of an organisational TIA in Northern Ireland.

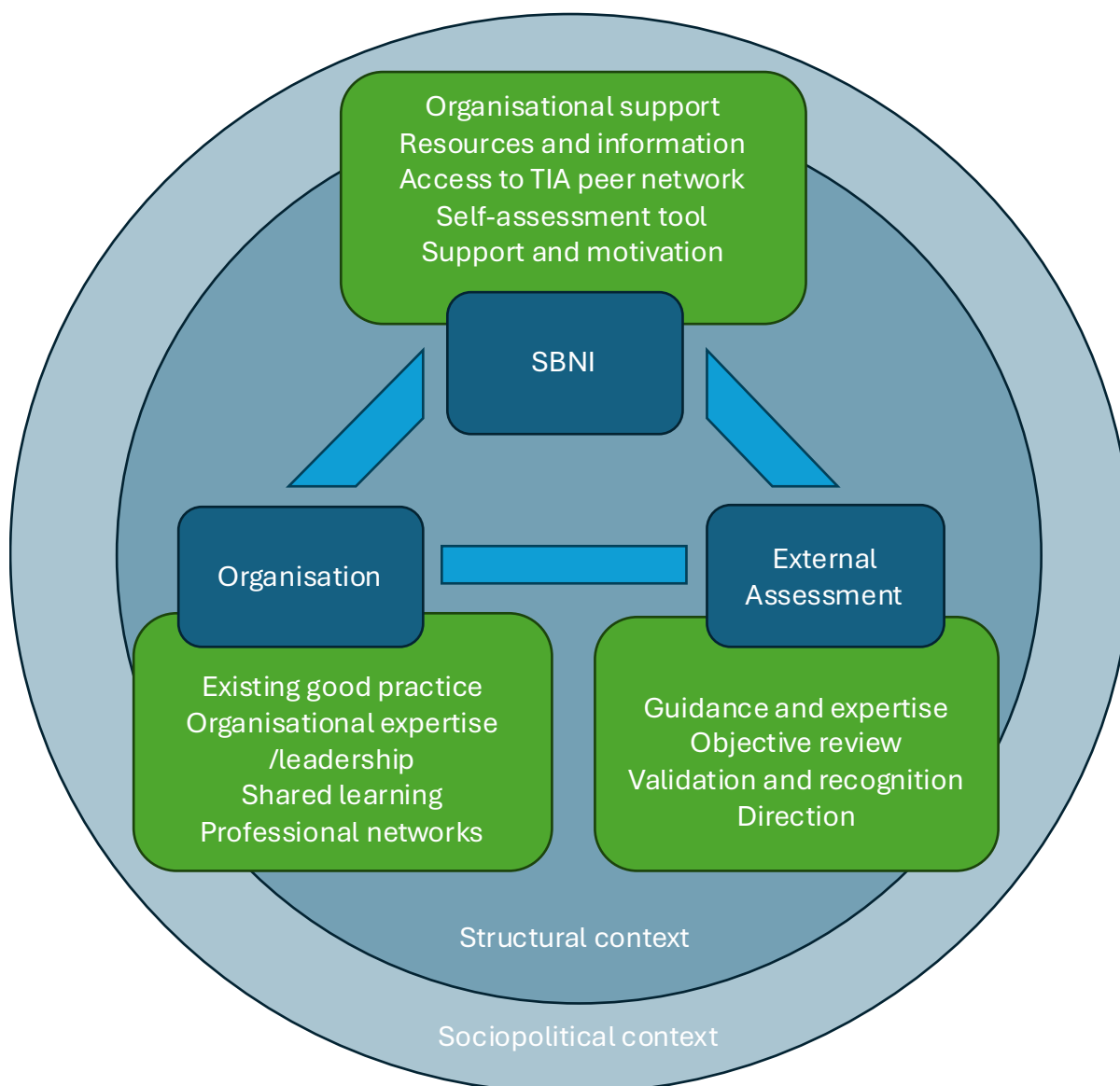
Figure 3: Implementation Process for Trauma Informed Approaches in Northern Ireland: External Assessment Pathway and Core Activities



Key Partners in the TIA Implementation Process

Implementing an organisational TIA requires a balanced partnership between the implementation partner (organisation), the facilitation partner (SBNI), and the assessment partner (TIO or OST) (Figure 4).

Figure 4: Key Partners in the TIA Implementation Process



A key aspect of the SBNI's role included the provision of important facilitative resources for organisations expressing an interest in implementing an organisational TIA. The SBNI funded the external assessment processes for these organisations to learn about the organisations' experiences of participating in an external assessment with a view to applying the learning in the context of Northern Ireland. The SBNI was recognised to provide critical psychological and social resources, which included access to networks of peers. The SBNI was also able to provide teams with practical and information resources related to research, case studies, and road maps. There was enthusiasm for the SBNI self-assessment toolkit launched in October 2024 and the potential for enhancement of the tool in the future. The SBNI was valued as the local partner, who understood the sociopolitical and structural context.

The organisation's role in this partnership involved the provision of resources and organisational action. The organisation's decision to engage in an external assessment conveyed courage and an underlying ethos of sensitivity to the need for an organisational TIA. Organisations could bring commitments from their CEOs, meaning that the TIA process could be implemented, and this explicit external assessment process could identify existing good practice that could be used to share learning. Organisations also brought their existing network and partner connections, including those in other jurisdictions, and so were able to contribute to the development of an organisational TIA across society. Organisational and thus local expertise has been developed throughout this process with those in implementation teams demonstrating leadership, as well as bringing knowledge and experience back to the other partners.

The role of the external assessment included the provision of guidance and information and collaborative working that facilitated organisations to share their own distinct needs, which ensured that assessments were tailored appropriately to the organisational and social context. The external assessment provided a critical resource for organisations through the objective, external review process, which offered both validation of progress to date, and bespoke feedback to inform strategies for meeting organisational goals moving forward. The external assessment role was also valued for facilitating relationship building, and for information sharing with the SBNi on the organisational TIA implementation process.

Key Considerations for the TIA Implementation & Assessment Process in Northern Ireland

In this review, key considerations were raised relating to TIA implementation and assessment processes specifically in the Northern Ireland context. We suggest that the points below are given careful consideration by organisations contemplating engaging with an external assessment for the implementation of an organisational TIA.

Organisational Functioning

Some staff within organisations remain impacted by current or previous adverse organisational experiences involving unsafe work environments, burnout and unacknowledged organisational trauma. Implementing a TIA might mean first acknowledging these issues before beginning to embed a TIA across the workforce. Without an increased sense of psychological safety, staff could potentially be re-traumatised without adequate engagement and involvement. Some participants shared their lived experiences with these types of organisational trauma, but they also shared their experiences of post-traumatic growth, and repair of trust through management using a TIA, which highlights the important opportunities for organisations and staff to make positive changes despite their legacies. Linked to this finding was discussion in relation to the provision of support for those who already use a TIA in practice, in understanding the implementation of a whole organisation approach not just a practice-based approach.

Equity, Diversity and Inclusion (EDI)

Different organisations can have varying approaches and challenges to inclusion that can be informed by their service users. Some small organisations might provide services to specific groups, while larger organisations might have to consider the needs of multiple client and staff groupings. Organisations can also include reviewing the different communities that they encounter and with whom they work, who carry experiences of marginalisation (based on social characteristics such as age, social class, ethnicity, religion, sexual identity, gender and so forth). There is an opportunity to identify existing good practices and share learning, to develop new community partners, and to consult with those with lived experience to further support the identification of strengths to foster growth, as well as gaps that lead to re-traumatisation.

Policy Gaps

Some participants spoke about creatively coming up with solutions to circumvent barriers to meet service user, individual or organisation needs. This pragmatic approach to finding solutions in the face of an obstruction, a 'workaround', was linked to the Northern Ireland context, and the ways that people have learned to cope and live despite structural barriers or oppressive practices. The 'workarounds' themselves can be viewed as an adaptive process to avoid obstruction or punishment and ensure that a need is met. However, importantly, they can be viewed as reflecting gaps in policy or practice where people and their experiences are not represented. Examples of using 'workarounds' to address gaps at the organisational level included participants describing managing their caring responsibilities and work responsibilities, or circumventing policies to meet a service user's needs. There were also examples during the TIA implementation process whereby some teams had to consider ways to work around unsupportive managers to ensure that the process continued. There is an important opportunity to see 'workarounds' as indicative of an absence, an opportunity to consider why and how people are not supported structurally, and to consider potential changes to meet those needs and avoid inadvertently marginalising staff and service users. Recognising and addressing these needs can contribute to a meaningful TIA in organisations, which supports open and inclusive relationship-based problem-solving.

Tailored Processes and Peer Connections

Participants on implementation teams described differing degrees of 'TIA implementation overwhelm'. These experiences tended to occur in the initial phases as a result of information overload, as they made sense of the resources and filtered through their relevance. Overwhelm also occurred for some participants when considering the duration of the process, or the ways in which the teams would complete the process within their organisation. A few participants with TIA experience prior to engagement with the external assessment also noted that certain aspects of the process were below their knowledge level, and they did not always benefit from information sessions, although they appreciated them and had positive experiences. In the future, to reduce this potential for these types of experiences, resources could be tailored to meet the appropriate level of understanding by initially establishing the baseline of understanding and expertise among staff members. Further, the development of the process map and diagrams with phase-based activities can support focus and positioning, and track progress. Connecting with peers on similar journeys can support connectedness, collaboration, and sharing of learning and experiences. Peer-led activities could offer the potential to facilitate the enhancement of practice-based knowledge and local expertise on embedding an organisational TIA in Northern Ireland.

Work Journeys

The word 'journey' is relevant to this review and was central to the previous research by QUB (Mooney et al., 2024). This word encapsulates the full experience of working in an organisation implementing a TIA whilst living in a society dealing with legacies of trauma. This journey supports the development of connection and solutions that can be long lasting and beneficial throughout society. It is important to recognise that this process requires extra work, which can take a significant period of time for some organisations, and it is not currently remunerated or funded proportionately at organisational or government level. It would appear to be committed and dedicated people currently driving the TIA implementation process, and there are sometimes delays with progression, which can be caused by a lack of resourcing or time, that ultimately impact staff and service users. This finding further supports the previous SBNI and QUB findings (2024) on leadership and resourcing, highlighting that these continue to be important barriers for organisations. There is still a need to consider ways to support and resource this extra work moving forward. Identifying and allocating resources to trauma

informed work within organisations can help to ensure that the work and leadership involved is recognised. This extra work, and the associated mental load on team members, can intersect with gender and thus there is the potential for TIA work to become or be viewed as a 'labour of love'. It is also acknowledged that the widespread impact of cost-cutting and financial restraints are affecting everyone in society, and thus the tasks going forward are to find ways to progress a TIA, advocate for funding and ensure teams are adequately resourced. Organisations can consider with TIA implementation team members, ways for their work to be acknowledged, for leadership to be rewarded, and strategies to advocate for TIA funding at a government level, and where possible at an organisational level, so the societal value is recognised. Leadership from government can support a safe and inclusive TIA implementation process for the team members and for the organisations implementing these important system changes.

Ripple Effects

The societal ripple effects of implementing TIA work cannot be overstated. Throughout this review, participants have described organisational change, improved interprofessional connections and improved working environments as a direct result of engaging with an external assessment for the implementation of a TIA, even before completing their process. Training combined with improved access to supervision and approaches for vicarious trauma has supported practice-based staff to remain engaged in work and keep themselves safe. Participants also connected these outcomes to contributing to improved system efficiency, by improving communication and reducing duplication of work, which has contributed to better outcomes for service users. Beyond these benefits, stories were shared of interest from family members and community groups with reports of personal transformations, improved or repaired relationships, and people expressing increased understanding for their families and communities. An organisational TIA offers the potential to improve relations between people, communities, and organisations, with positive outcomes not only relationally in terms of wellbeing but in functional ways in terms of the socioeconomic benefits gained from living and working in healthy, well-adapted communities and organisations. Whilst more research is needed within the Northern Ireland context, the longitudinal experiences from different organisations captured in this review contribute to the understanding of the multifarious social and economic benefits that can be garnered from the meaningful implementation of a TIA across the region.

Recommendations

1. To develop a **Northern Ireland-based external assessment process** for organisations, enhancing the SBNI Trauma Informed Toolkit.
2. To explore **continuing collaboration with existing providers, to tailor an external assessment tool** to meet the needs of organisations across Northern Ireland.
3. To recognise and respond to **the distinct needs of organisations** of different sizes and structures, and the needs of their **increasingly diverse client groups**, when implementing an organisational TIA.
4. To provide the option of **tailored approaches to surveys for large organisations implementing an organisational TIA**, supporting data collection that is specific to **different departments/service areas**.
5. To ensure that information provided to organisations engaging in TIA implementation includes **pre-assessment readiness checks, information sessions and packs that outline the process, and realistic timescales for strategic planning**.
6. **To develop regional peer learning networks**, which will provide organisations with **access to resources**, and **opportunities for collaboration and connection throughout the TIA assessment and implementation process**, and to ensure the sustainable, long-term implementation of an organisational trauma informed approach.

References

- Berliner, L. and Kolko, D. J. (2016) Trauma informed care: A commentary and critique. *Child Maltreatment*, 21(2), 168-172.
- Bilsen, J. (2018) Suicide and youth: Risk factors. *Frontiers in Psychiatry*, 9, p. 540.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V. and Clarke, V. (2022) *Thematic Analysis: A Practical Guide*. London: Sage.
- Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., Davidson, G., and Forbes, T. (2019) *Evidence review — developing trauma informed practice in Northern Ireland*. Belfast: Queen's University, Safeguarding Board for NI. Available at: https://pure.qub.ac.uk/files/168311525/ACEs_Report_A4_Feb_2019_Developing_a_Trauma_Informed_Approach_Full_Evidence_Review.pdf
- Clarke, V. and Braun, V. (2014) Thematic analysis. In *Encyclopaedia of Critical Psychology*. Springer, New York, NY, pp. 1947-1952.
- Danieli, Y. (2007) Assessing trauma across cultures from a multigenerational perspective, in J.P. Wilson and C. So-kum Tang, (eds.) *Cross-Cultural Assessment of Psychological Trauma and PTSD*. New York; USA: Springer.
- Danieli, Y., Brom, D., and Sills, J. (2005) *The Trauma of Terrorism: Sharing Knowledge and Shared Care, An International Handbook*. Abingdon: Routledge.
- Department of Health NI (2021) *Mental Health Strategy 2021-2031*. Available at: <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>
- Department of Health and Department of Justice NI (2024) *Domestic and Sexual Abuse Strategy 2024-31*. Available at: <https://www.justice-ni.gov.uk/publications/domestic-and-sexual-abuse-strategy-2024-2031>
- Dopp, A. R., and Lantz, P. M. (2020) Moving upstream to improve children's mental health through community and policy change. *Administration and Policy in Mental Health*, 47(5), 779-787. <https://doi.org/10.1007/s10488-019-01001-5>
- Downes, C., Harrison, E., Curran, D. and Kavanagh, M. (2012) The trauma still goes on...: The multigenerational legacy of Northern Ireland's conflict. *Clinical Child Psychology and Psychiatry*, 18(4), 583-603.
- Felitti, V. J., Anda, R.F., Nordenberg, D., et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death on adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14 (4), 245-258
- Finkelhor, D., Shattuck, A., Turner, H. and Hamby, S. (2015) A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, 48, 13-21.
- Flick, U. (2018) *Designing Qualitative Research*. London: Sage.
- Herman, J. L. (2015; 2022) *Trauma and Recovery: The Aftermath of Violence — From Domestic Abuse to Political Terror*. New York: Basic Books.
- Lincoln, YS. and Guba, EG. (1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Long, M. (2021) Derry Girls and Containment: Conflict-related and transgenerational trauma in Northern Ireland. *Journal of Psychosocial Studies*, 14 (1), 3-17. <https://doi.org/10.1332/147867321X16104825689759>
- Long, M. (2022) *A Psychosocial Understanding of Self-injury and Trauma — Wounds and their Meanings*. Bucks: Open University Press.
- Lynch, L., Moorhead, A., Long, M. et al. (2024a) "If you don't actually care for somebody, how can you help them?": Exploring Young People's Core Needs in Mental Healthcare — Directions for Improving Service Provision. *Community Mental Health Journal*, 60, 796-812. <https://doi.org/10.1007/s10597-024-01237-y>
- Lynch, L., Moorhead, A., Long, M. et al. (2024b) "I felt like there was something wrong in my brain": Growing up with trauma — how young people conceptualise, self-manage and

- seek help for mental health problems. *Journal of Child & Adolescent Trauma* 18:103–125. <https://doi.org/10.1007/s40653-024-00650-5>
- McFarlane, A. C. and Girolamo, G. C. (1996) The nature of traumatic stressors and the epidemiology of posttraumatic reactions, in B.A. van der Kolk, A.C. McFarlane & L. Weisaeth (eds.) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*. New York: Guildford Press, pp. 129–154.
- Menschner, C. and Maul, M. (2016) Key Ingredients for Successful Trauma-Informed Care Implementation Advancing trauma informed care. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- Mooney, S. et al. (2024) *We Are on a Journey: Implementing Trauma Informed Approaches in Northern Ireland*. Belfast; UK: Queen's University Belfast. Available at: <https://www.qub.ac.uk/home/Filestore/implementing-trauma-informed-approaches-ni.pdf>
- Morgan, D. L. (2024) Invited Review: Collecting Data through Dyadic Interviews: A Systematic Review. *Field Methods*, p.1525822X241267171.
- Morgan, D. L., Eliot, S., Lowe, R. A. and Gorman, P. (2015) Dyadic interviews as a tool for qualitative evaluation. *American Journal of Evaluation*, 37(1), 109–117. <https://doi.org/10.1177/1098214015611244>
- Naderifar, M., Goli, H. and Ghaljaie, F. (2017) Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14 (3), 1–4.
- NHS Education for Scotland (2017) Transforming psychological trauma: a knowledge and skills framework for the Scottish workforce. Available at: <https://traumatransformation.scot/app/uploads/2023/09/nationaltraumatraininfrastructure-final.pdf>
- Northern Ireland Executive (2024) *Our Plan: Doing What Matters Most*. Programme for Government 2024-2027. Belfast; UK: NIE.
- Northern Ireland Executive (2023) *Ending Violence against Women & Girls. Strategic Framework*. Available at: <https://www.executiveoffice-ni.gov.uk/topics/ending-violence-against-women-and-girls>
- One Small Thing. *Working with Trauma Quality Mark*. Available at: <https://onesmallthing.org.uk/quality-mark>
- Patel, V., Flisher, A. J., Hetrick, S. and McGorry, P. (2007) Mental health of young people: a global public-health challenge. *Lancet (London, England)*, 369 (9569), 1302–1313. [https://doi.org/10.1016/S0140-6736\(07\)60368-7](https://doi.org/10.1016/S0140-6736(07)60368-7)
- Pearce, J., Murray, C. and Larkin, W. (2019) Childhood adversity and trauma: experiences of professionals trained to routinely enquire about childhood adversity. *Heliyon*, 5(7), e01900.
- Safeguarding Board Northern Ireland (2024) *Trauma Informed Toolkit*. Available at: <https://www.safeguardingni.org/resources/trauma-informed-toolkit>
- Sinason, V. (2020) *The Truth about Trauma and Dissociation*. London: Confer.
- Terr, L. (1991) Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148 (1), 10-20.
- Substance Abuse and Mental Health Services Administration (2014) *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series, No. 57. Rockville (MD); USA: Substance Abuse and Mental Health Services Administration (US).
- Trauma Informed Oregon. *Trauma Informed Care Implementation Tool*. Available at: <https://traumainformedoregon.org/implementation/tic-implementation-tool>
- Treisman, K. (2021) *A Treasure Box for Creating Trauma-Informed Organizations: A Ready-to-Use Resource for Trauma, Adversity, and Culturally Informed, Infused and Responsive Systems*. London: Jessica Kingsley Publishers.

van der Kolk, B. A., McFarlane, A. C. and Weisaeth, L. (1996) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*. New York: Guildford Press.

Walsh, C. et al. (2025) *The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland*. Belfast; UK: The Executive Programme on Paramilitarism and Organised Crime.

World Health Organisation (2022) *Adolescent Mental Health*. Available at:
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

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