Organisational Toolkit Information Booklet

SBNI
Safeguarding Board for Northern Ireland

TIP ACEs
Be the Change

# Contents

Version 1.0

Introduction

Developing a trauma-informed organisation is best thought about as a step by step approach, a process and a journey.

This information booklet is intended to be used in conjunction with the **SBNI Trauma Informed Toolkit – Embedding a Trauma informed Approach within Organisations and Systems.** It is one of a series of ten booklets exploring the toolkit focus areas.

The ten focus areas and associated checklist were adapted from the Substance Abuse and Mental Health Services Administration's (SAMHSA) original ten implementation domains. These implementation domains were based on **organisational change management** literature embedded with models of trauma informed practice.

Alongside the key trauma informed principles, this framework provides a pathway (with multiple potential starting points) to embed a trauma-informed approach (TIA) across your organisation. While we recognise extended periods for implementation are required, we also emphasise the importance of small steps on the journey.

This resource focuses on the importance of those with **Lived Experience** being **Involved** in the design and delivery of services.
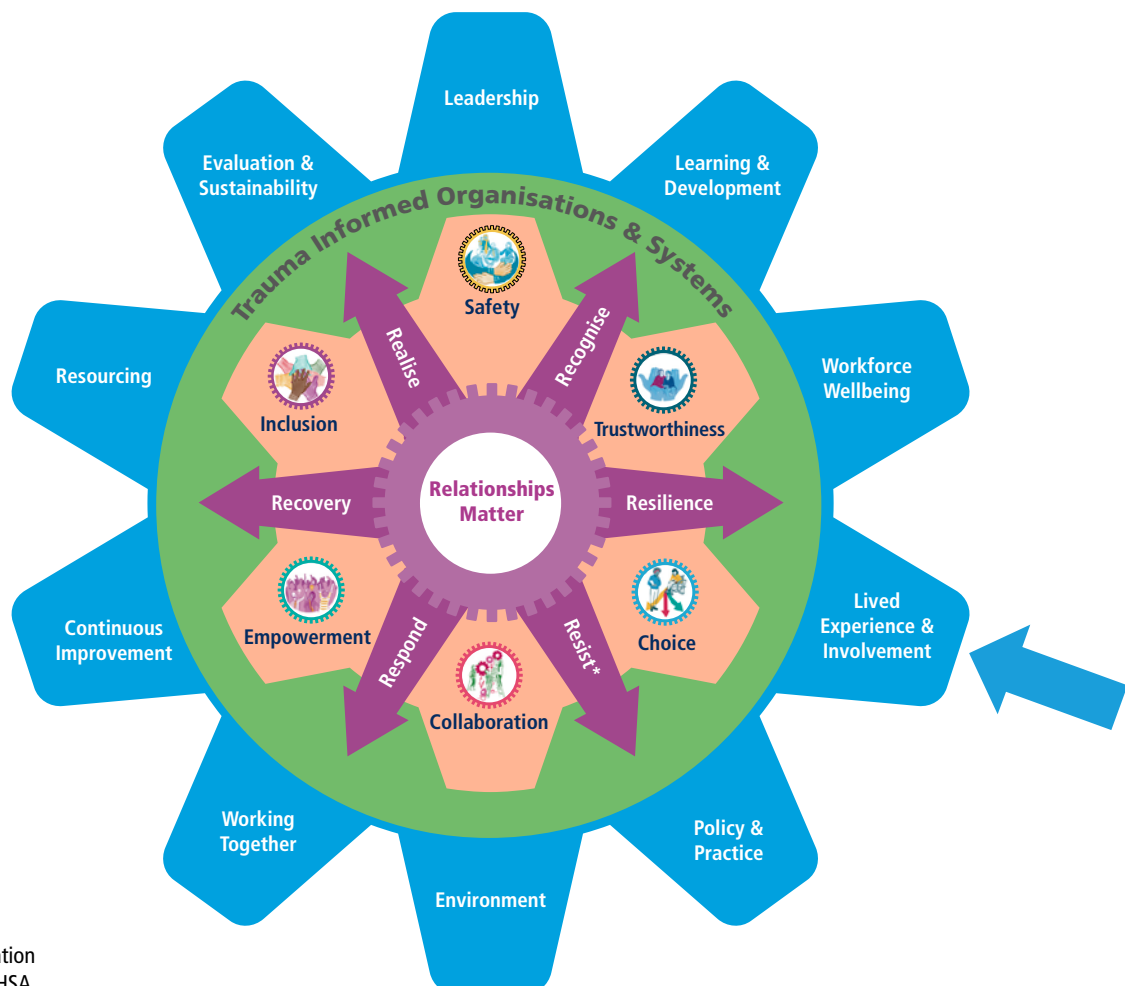
* Resist re-traumatisation
  Adapted from SAMHSA

Why lived experience and involvement matters

In the QUB TIA Implementation report 2024 report, the inclusion of service users in the trauma informed implementation process was viewed as an important organisational enabler. **Service user involvement** strategies, such as seeking regular service user feedback (the most common strategy), involving service users in the delivery of training programmes, having service users in leadership positions and/or implementation teams, and involving them in the design of initiatives or interventions. It was noted that in order to engage service users, adequate resources and flexibility had to be embedded into the service/initiative, e.g. paying for their time or giving service users choice and control over schedules.

Evidence based reviews identified **service user and caregiver involvement** or the involvement of wider stakeholders through co-production (in the planning, design and delivery of services) as a key implementation activity in health, child welfare and education sectors. The importance of enhancing **relationships** was also noted as central to improving service user outcomes across settings.

The meaningful **involvement of staff** was another key enabling factor, considered by many to be at the heart of TIA implementation. A bottom-up as well as top-down approach was advised so that staff felt that it was not something being imposed upon them, but rather something that they were involved in creating. Leaders were thus encouraged to listen to staff and model a TI culture.

Key Considerations:

The engagement of individuals:

- with lived experience

- who are in recovery

- who receive services

- with their families

    is fundamental to TIA implementation with any service or organisation.

The engagement needs to be:

- intentional

- meaningful

- empowering and

- ongoing

    as well as being implemented across all organisational levels. Multiple strategies can be used to ensure this engagement.
    (adapted from SAMHSA 2023)

In recent years, legislation, policy and language has progressed across NI, the UK generally, and internationally, to ensure that the view of those receiving and using services are actively sought and responded to in a meaningful way. Some organisations have examples and models where there has been design and delivery using co-production from start to finish. Other organisations have pockets of good practice which also reflect the TI principles.

Lobbying and advocacy groups have contributed greatly to ensuring those with lived experiences have their voices heard through their persistence and assertiveness supported by the legislation.

Flattening the power hierarchy through co-designing and co-producing with those who deliver and use services, contributes to better outcomes and it should be noted that a TIA embodies legislation and policy that organisations are required to incorporate.

Policy & Procedures regarding involvement

Personal Public Involvement (PPI) core values are reflected in TI principles as can be seen below:

This indicates that implementing a TIA is not entirely new nor additional, but complements and should be embedded through all elements of best practice or indeed where legislation mandates that organisations comply.

In Northern Ireland the Engage Website (www.engage.hscni.net) provides those with an interest in involvement, including health and social care (HSC) staff, service users, carers and the public, with information, opportunities and resources in Personal and Public Involvement (PPI), Co-Production and Partnership Working.

The site details how the involvement of service users, carers and other key stakeholders is critical in the effective planning, commissioning, delivery and evaluation of HSC services. Involvement helps to ensure that voices are heard, views are listened to, experiences are shared and expertise is valued, respected and utilised to achieve the best outcomes for the person-centred HSC that we aim to achieve. Examples can be found here: Involvement Story of the Month - Engage
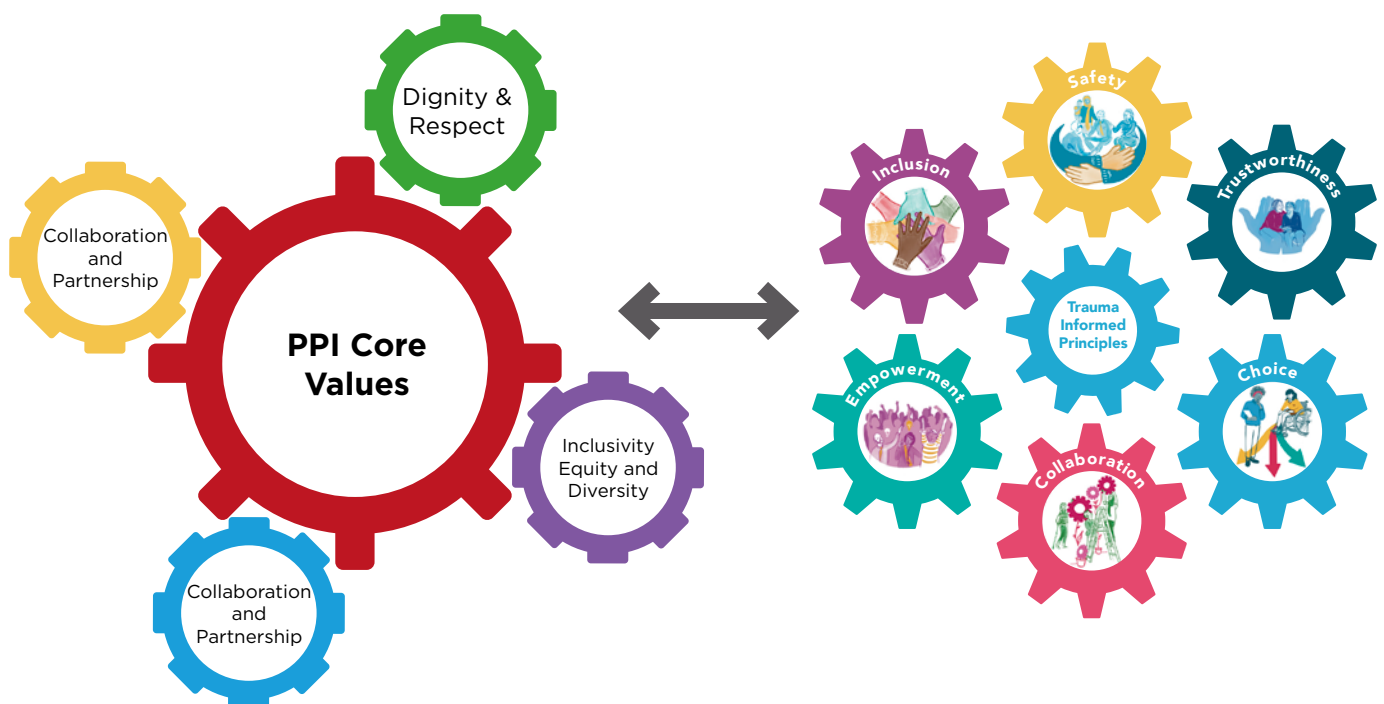
People with Lived Experience at the Centre

Best practice examples from Children Rights activism and academia can inform work with other age groups or other marginalised groups. Professor Lundy (Queens University Belfast) is a leading academic with an effective model of participation of young people. The SBNI espouses this approach in all their strategic work through their committees. Professor Lundy can be heard here: ECV2020 Keynote Speaker 1 'Voice is not enough': The Lundy model and early childhood - YouTube

The model is illustrated here embodying the UNCRC article 12 rights that children have:

Space

How: Provide a safe and inclusive space for children to express their views

- Have children's views been actively sought?
- Was there a safe space in which children can express themselves freely
- Have steps been taken to ensure that all children can take part?

Voice

How: Provide appropriate information and facilitate the expression of children's views

- Have children been given the information they need to form a view?
- Do children know that they do not have to take part?
- Have children been given a range of options as to how they might choose to express themselves?

Audience

How: Ensure that children's views are communicated to someone with the responsibility to listen

- Is there a process for communicating children's views?
- Do children know who their views are being communicated to?
- Does that person/body have the power to make decisions?

Influence

How: Ensure that children's views are taken seriously and acted upon, whre appropriate

- Where the children's views considered by those with the power to effect change?
- Are these procedures in place that ensure that the children's views have been taken seriously?
- Have the children and young people been provided with feedback explaining the reasons for decisions taken?

Figure 2: Laura Lundy's Model Of Participation (DCYA, 2015)

Adults and organisations need to ensure they facilitate children to express their views and be actively listened to. It also emphasises the necessity to close the loop of feedback to young people – 'hearing' is not enough to fully embed TI principles, it requires ensuring that young people are engaged at every stage of the process and that they need to be informed as to what they have influenced in terms of service design and delivery. This may also require them to be informed if their suggestions were not used fully or deemed feasible. They should be informed what is happening and when or if there is delay. Transparency and honesty will support relationships and thus promote Trust in services.

Lundy argues that there is valid work being done considering the rights and preferences of very young children (including premature babies) who, when observed can express their needs effectively if adults learn to 'listen' (Alderson et al; 2005) 'Listening' will involve 'looking'.


Alliances such as the 'Stronger from the Start' which is a group of 60 community and voluntary organisations.

Peer Support

The Recovery College – which can be found in each Trust area of Northern Ireland to promote mental wellbeing- aspires to the highest rungs of the 'participation ladder' – enhanced participation- and aims that those with lived experience share power and co-own services in order to promote 'hope, opportunity and control'.

The college embodies 'change in role of mental health professionals and professional expertise moving from being 'on top' to being 'on tap'…making their expertise and understandings available to those who may find them useful.' Modelling hope and recovery, and building resilience are integral to a rauma Informed approach which can be supported by applying trauma informed principles.

Co-production: what it is and how to do it - SCIE
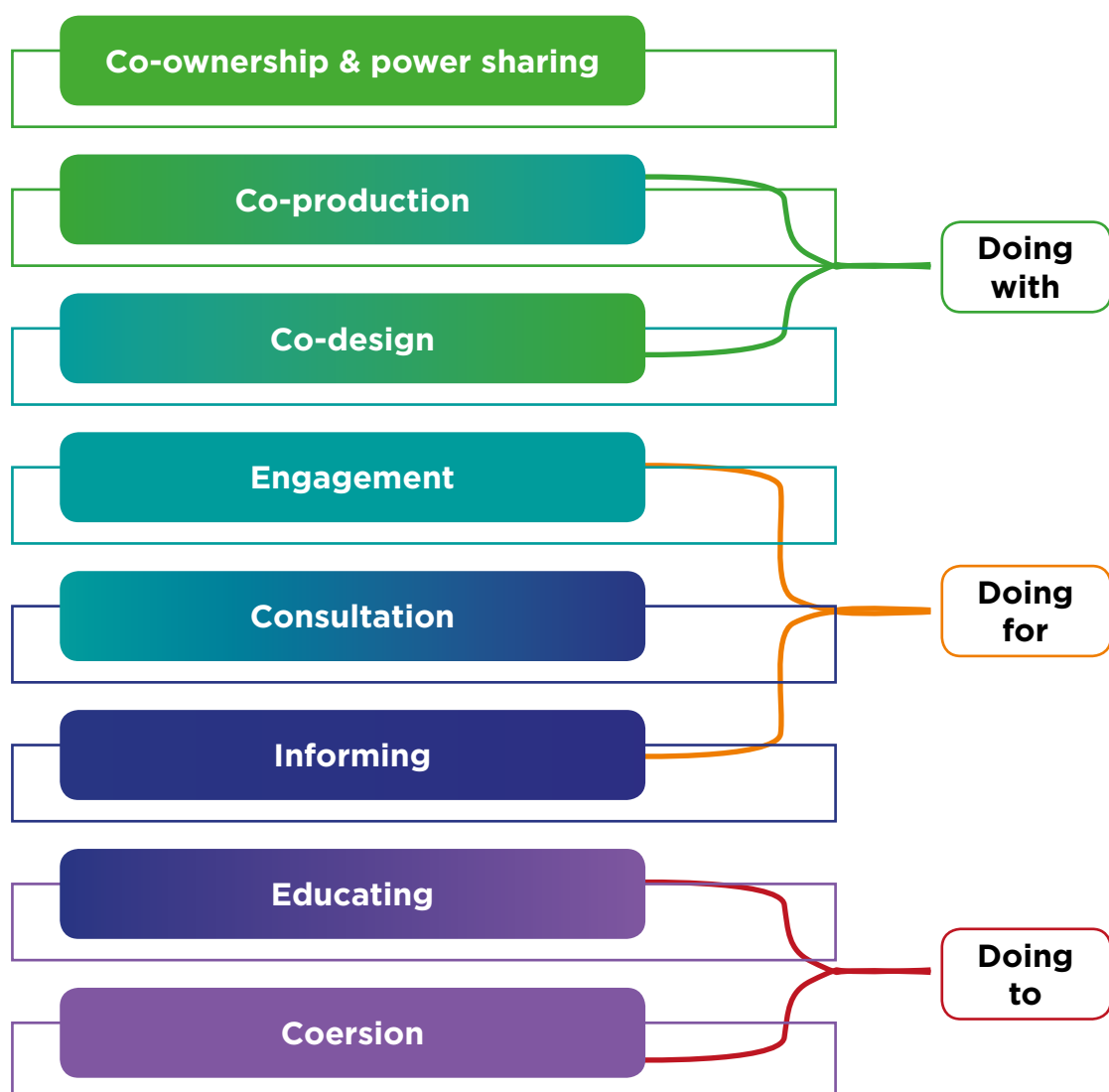
Working toward these higher rungs of the participation ladder is what should be aspired to and can be challenging. True co-ownership requires applying TI principles i.e. building trust, truly collaborating and creating safety in order to support effective relationships. The Recovery College also promotes wellbeing through shared understanding and education with 'anyone who has an interest in their own health and wellbeing'.

Northern Trust Recovery College - Northern Health and Social Care Trust (hscni.net)

This applies to work in other sectors too:

> "Relationships based on sharing power encourage help-seeking behaviours and support lasting change. Families who look back on their care and see that their experiences were validated and that they learned new skills will feel good about accessing help in the future and about recommending the services to other families. Without shared power, it is not trauma-informed care."

whats_sharing_power_got_to_do_with_trauma-informed_practice_2.pdf (nctsn.org)

Organisations can use multiple means to ensure services are genuinely co-designed:

- Safety principle: empathy can demonstrate curiosity and interest; observing behaviours/responses of those using services/participating in a group can be as effective asking for opinions; and facilitating opportunities for comment in a range of ways can ensure the physical spaces are deigned effectively to support emotional safety

- Being person centred: ask for opinions and be aware of the power differentials between staff and those using/receiving services. Facilitate expression of opinions, listen, respond and act upon views expressed

- Reflecting on the principles above actively engage with those who are receiving services to support decision making and choice. This may mean changing how services are provided

- Co-design services with individuals, families groups, pupils/student and communities

- Support peer interaction. Those with lived experiences may share understanding and be collectively impacted upon by service design and delivery. (doh-social-work-reflections-community-develpment.pdf (health-ni.gov.uk)

Sharing power is a deliberate approach to engagement with service users which seeks to combine the knowledge and training of the provider with the lived experience of those receiving services. Sharing power has become integral to trauma-informed care.

Person Centred Planning

The charity Sense -which offers support to people with complex disabilities in NI and across the UK - describes Person-centred planning for those who use services:

- "It means putting your needs, views and feelings at the centre of planning your care and support

- It helps everyone involved listen to you and understand and respect what's important to you and how you want to live your life

- Decisions about your life are made with you, not for you

- Person-centred planning means the professionals involved in planning your future learn from you before they start thinking about services that might be suitable.
  They can then fit the services to you rather than the other way round."
  Person-centred planning - Sense

It emphasises the need for workforces to actively understand and consider **what is important to the person and for the person** at the centre of the planning and thus embodies TI principles throughout, especially choice and empowerment. In order to find this out its important to consider how this information is gathered, e.g. asking the person **how** they want to communicate (verbally, drawing, pointing), where they want to have the meeting or the conversation and who else they want to be there.

Section B: Local Examples

The group **SKETCH** from the Southern HSCT area is a services user group within children and young people's services who share their experiences to help improve services.

This video https://youtu.be/nLRyGjHTMko illustrates a young person's trauma journey through their eyes when using services. It is powerful tool for practitioners and policy makers to consult with and reflect upon.

In order to facilitate the involvement of young people in their service design, the **Youth Justice Agency** developed a participation model with a seconded participation officer and a number of experts by experience on a formal Youth Participation Forum in order to *'ensure the involvement of service users in the design and delivery of …services and to ensure the voice of service users is heard'* (QUB TIA report, 2024; 116). This is work in progress and has challenges- *'we need to be aware there will be conflicting and contrasting views as there are inherent tensions across all key stakeholders in the area of youth justice.'* As in the Lundy model- this model is enshrined in article 12 of UN Convention on the Rights of the Child.

Case Study:
Belfast Inclusion
Health Service

The **Belfast Inclusion Health Service**, which supports the health and wellbeing of those people who experience homelessness, has developed an enhanced engagement with those they work with, developing the team's understanding of their trauma- *'what has happened to you?' (or not happened)- being at the core of their compassionate and sensitive approach. The challenging behaviours they encounter are met with tolerance 'seeking to de-escalate tensions and frustrations'*
(QUB TIA Implementation report, 2024; 214).

Choice is offered in 'small things' which seem to make a 'big difference' with such a vulnerable group of service users. For example, the provision of podiatry services is seen as vital by the staff however choice for treatment is gently offered, promoting choice but also freeing information as to how the service will help. Through creating a safe environment and building trusting relationships, the touch and treatment that the podiatry service is found not only to enhance the physical wellbeing of the person but also their trust and confidence that the service is in their best interest.

Thompson House is a probation hostel run by the **Presbyterian Church** in Ireland. They have sought to engage with the men using their services to encourage them to design the service. This has been effective in ensuring safety and stability in the hostel. The implementing of a compassionate and understanding TIA has enhanced the men's opportunities to heal and recover and this has been supported by a group that meet regularly to talk through issues that arise in the running of the hostel. This can result in small decisions and choices (e.g. food and meals) through to more significant ones such as codes of conduct, but the concept of choice is hugely significant for those who have been in prison.

Include Youth, in partnership with **VOYPIC** and Viable (their social enterprise HR/finance organisation) received funding from Atlantic Philanthropies and through their own fundraising eventually had the resources to purchase a new building. Sharing a common ethos with VOYPIC, both groups of young people were involved right from the beginning of the project, visiting potential sites and other youth spaces to get inspiration. When their new premises, 100 GPS, was purchased, the advisory group of young people co-designed the building right from the beginning to design the space as they wanted it. You can watch the video here: https://youtu.be/b5pX5s-VijQ

The space ensured that it was also culturally sensitive in its design.
'Our unaccompanied minors now have a shower (to wash their feet before prayer) and plenty of rooms to pray – this hasn't been the case in other offices due to lack of additional rooms and something we're keen to replicate in all our offices/spaces.' Include Youth 2023.
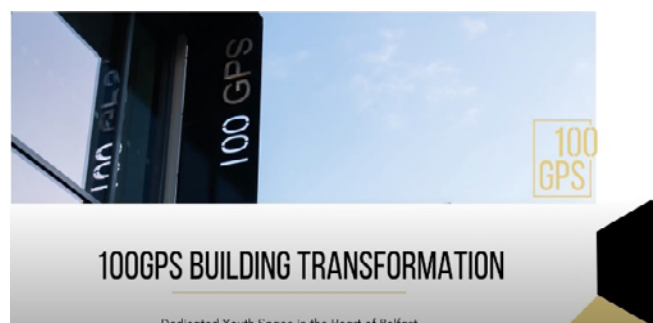
Challenges faced meant that even at a later stage, young people could explore their concern about the design and affect change to it:

'Our unaccompanied minors now have a shower (to wash their feet before prayer) and plenty of rooms to pray – this hasn't been the case in other offices due to lack of additional rooms and something we're keen to replicate in all our offices/spaces.'
Include Youth 2023.

The **Children's Court Guardian Agency** aimed to *'increase the engagement with and participation by children and young people in their work. They developed a youth forum and the provision of a platform for children and young people to have their voice heard and to influence practice…integrating a focus inot practice on children and young people's lived experience and the impact this has on their welfare.'*
(QUB TIA, 2024; full report; 45).

Social work using a Community Development approach

Over the last years a course has emerged facilitating the use of community development approaches in social work, moving away from the individual to the collective needs or issues and recognising the power and effectiveness of this. University of Ulster Community Devlopment and Social Work departments, NISCC & DoH (Southern Health and Social care Trust) collaborated to form this course whose purpose is to challenge traditional social work approaches and support practitioners to engage with communities. The shift also ensures that TI principles are addressed in the work and that power sharing is seen as something that is not only possible but effective in terms of improving outcomes.

Conclusion

Using existing resources from the best of Personal and Public Involvement training, and considering the examples that both academics and services model, this can ensure higher engagement with those using services can be progressed. This requires effort, skill and often time, from the particular workforces however as shown in the range of examples, in the long term this will be more efficient as well as more effective. Co-designed services are where service users are engaged at the start of any process, whether changing the physical environment of a classroom, clinic or waiting room, or designing a training programme or indeed a whole service. This can then result in more effective and Trauma informed services where outcomes for all involved (staff as well as those using services) are improved:

• resilience is supported

• confidence is built and

• all people feel the organisation does genuinely have their best interests at heart.

What we need	What we do (reflecting TIP principles throughout)	What will happen Service users will:	Outcomes
Shared Vision ACE/TIP Awareness Recognition of impact Trauma Informed Response Resist Retraumatisation Understanding Intra systemic Response	Policies Practices Physical Environments Personal Interactions Leadership & Governance TI Commissioning	Feel Safe Feel Empowered Feel valued and cared for Believe the system has their best interests at heart Trust the system, organisation, service provider and leadership	Service users engagement and satisfaction Citizens are healthier, happier, safer and connected Engaged and inclusive communities, with opportunities to meet their potential within a thriving economy Good Physical, Emotional and Social Health and Wellbeing

Adapted from Trauma Informed Oregon
www.traumainformedoregon.org

Your feedback matters

Thank you for taking the time to read the information booklet. We welcome all suggestions for improvement. Please feel free to share any new or existing local examples for inclusion by contacting us on SBNI.Info@hscni.net. To download the toolkit or contact a member of the team directly please click here Trauma Informed Toolkit.
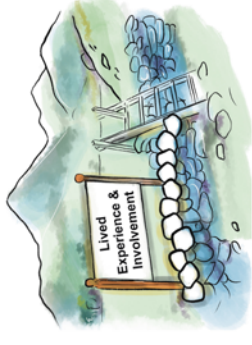
References (in addition to Toolkit)

1. whats_sharing_power_got_to_do_with_trauma-informed_practice_2.pdf (nctsn.org)

2. [1]Alderson, Hawthorne J and Killen M (2005)
Are Premature babies citizens with rights?

3. [1]doh-social-work-reflections-community-develpment.pdf (health-ni.gov.uk)

4. Expansion of Community Development Approaches (DoH, 2018a)

5. Co-production Guide (DoH, 2018c)

6. O'Brien et al (2022) Full article: Bridging the gap between social work and community development: implementing a post-graduate training partnership

Acronym of co-production

An acronym

C COOPERATION
O OPENNESS
P PARTNERSHIP
R RESPECT
O ONGOING
D DETERMINATION
U YOU!
C COMMUNICATION
T TRUST
I INCLUSIVE
O OUTCOMES
N NOT A ONE OFF

Focus Area Action Plan
Lived Experience & Involvement

Start Date	Tasks	Actions	Lead	Completion Date	Comments