SBNI
Safeguarding Board for Northern Ireland

TIP ACEs
Be the Change

Organisational Toolkit Information Booklet

Policy **&** **Practice**

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 **Policy and Practice**. Applying a trauma informed approach to the development and review of policies informs and guides best practice and subsequently improves outcomes for workforces, and those who use and receive services.

* Resist re-traumatisation
   Adapted from SAMHSA

Key Considerations:

- There are written policies and protocols [guiding practice] establishing a trauma informed approach as an **essential part of the organisational mission**.

- Organisational procedures and cross agency protocols, including working with community-based agencies, reflect trauma informed principles. This approach must be 'hard-wired' into practice and procedures of the organisation, not solely relying on training workshops or a well-intentioned leader. (SAMHSA 2014).

- Policies and procedures that guide organisational practices are central to ensuring that trauma informed and trauma-specific assessment and services are adopted consistently.

- Policies addressing confidentiality, involuntary hospitalisation and coercive practices, consumer preferences and choice, privacy, human resources, and rights and grievances for employees also need to be trauma-informed.
  (adapted from Trauma Informed and Practice Organisational Toolkit TICPOT, Australia)

- In order to sustain implementation of Trauma Informed (TI) approaches and replicate positive TIA outcomes, evaluation is essential. Change to policies and procedures will be required to ensure the continued implementation of TI initiatives.
  Adapted from Practical Guide for Implementing a Trauma-Informed Approach (samhsa.gov)

Section A: Advice & Guidance

Why does policy and practice matter?

Recent research in NI found that reviewing and amending organisational policies and procedures using recommended guidelines resulted in successful TIA implementation.

'Refinements such as service user involvement and training for staff who review policies was found to be most effective as they considered the impact on both staff and those receiving services through a Trauma Informed lens. In schools, the importance of adopting trauma informed policy and procedures was seen as a key organisational change mechanism.' (QUB TIA Implementation report 2024; p20)

The report highlighted that **changes in policies and procedures** featured as a key organisational enabler within a number of reviews.

Using a trauma LENS

L	**LOOK**	• **Behaviour** • **Body language** • **Environment**
E	**EXPLORE**	• **Think what may have happened** • **Think how YOU can help** • **Think about safety**
N	**NEEDS**	• **Basic needs** • **Understanding** • **Explanation**
S	**SUPPORT**	• **Support** • **Signpost** • **Safeguard**

In contrast, a lack of consistent and clear policies and procedures, or ones that were too rigid or not compatible with TIA were found to be significant barriers to TIA implementation. In addition, it was suggested that any gaps between practice and policy / procedures was detrimental to staff buy-in to a TIA as they could perceive that they were constantly having to adopt new innovations.

Clear policies and procedures at all levels, and the alignment and integration of TIA with existing strategic plans, programmes, interventions, policies and improvement plans were found to be important for implementation. Such policies in a range of child welfare, healthcare and justice settings, included promoting flexibility in care protocols and offering service users more choice and control over their care plans.

There was also noted to be commitment from leaders that policy should be prioritised:

"...the development of a more strategic commitment by way of whole-system trauma-informed **policy development** *was seen as the next priority for many study participants. Given the wide-ranging nature of the task in hand to achieve both organisational and regional consistency, it was acknowledged that there was a need for systematic and incremental implementation as well as additional context-relevant support."* (Mooney et al. 2024.QUB - Executive Summary;p15).

Language can be powerful, either in an oppressive way or in a healing way. Therefore, how policies are written and the language used within them, is key. Reflecting upon language and being led by those who use services will ensure that:

- language that harms is avoided (keep in mind labelling, grouping, and cultural insensitivities)
- language that heals is used in every way possible (inclusive, compassionate, clear and culturally sensitive)
- body language is recognised as an important form of communication. Feedback is given in many different ways, not always in written form, and power imbalance can skew what people feel they can say or how words are interpreted. This may be through body language.

Allowing time to reflect and incorporating the correct language into training and awareness raising is important for policy reviewers/writers.
Adapted from *West_Yorkshire_Trauma_Informed_Language_Guidance.pdf (wakefieldrecoverycollege.nhs.uk)*

One Small Thing facilitates trauma informed and gender responsive training for the justice and community sectors.
In their policy training they state:

Trauma informed policies – underpinning principles

**A trauma informed policy would ...**
- take into account the impact of trauma on individuals
- be gender responsive
- be aware of different cultural needs
- be person-centred
- reduce triggers and avoid re-traumatisation
- embody the five values of safety, trustworthiness, choice, collaboration and empowerment in it's language and intent. A trauma informed policy is about providing a safe framework and good boundaries for work to take place.

one small thing

one small thing

The Role of the Policy Writer / Developer / Reviewer

Suzanne Zeedyk states that all policy makers have a moral obligation to understand:

| brain development | trauma | attachment |
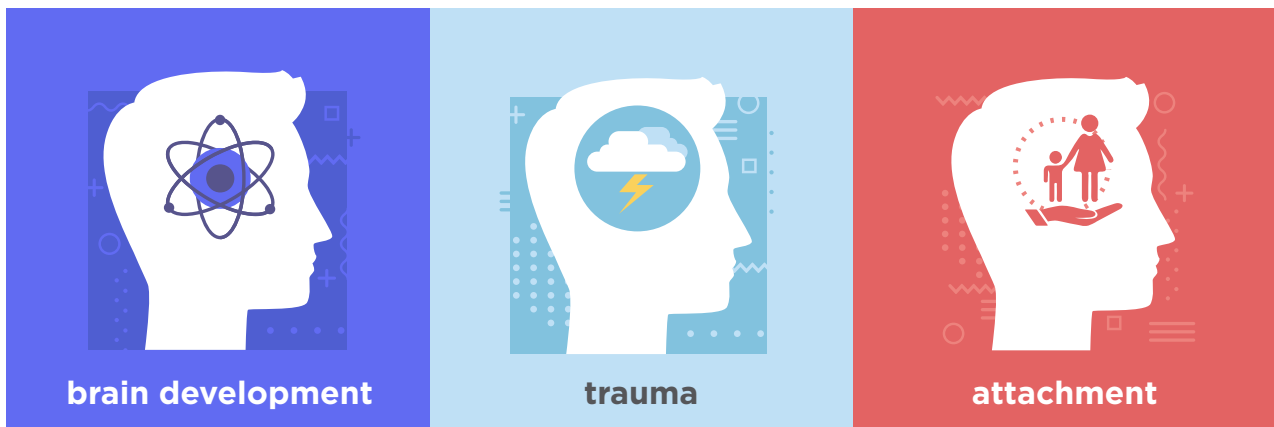
in order that they are fully aware of the implications that their policy may have upon developing brains, the potential of a policy to retraumatise, and to understand how relationships matter in service delivery, design and in facilitating resilience and recovery. Training should therefore be provided e.g. the SBNI TIP awareness sessions as accessed here: Online Training Brochure, but ideally additional training tailored to the role of the policy developer / reviewer. (cross ref to Learning & Development Focus area.)

Whichever sector policy makers / reviewers work in, whether large government departments or small organisations, it should be noted that a TIA to reviewing and developing policy is an enhancement of activity that already exists. However, what is explicit in using a trauma informed approach or a trauma lens to review a policy, is that account is taken of the impact of a policy in relation to those it directly affects and those who are required to implement it.

Therefore, it is key that policy developers / reviewers are aware of the prevalence of adversities in childhood and throughout life and understand their potential to cause trauma.

Poor or unclear practices across service systems designed to help people who have experienced trauma can sometimes re-traumatise the very people they are intended to help. This can occur if situations or experiences are recreated that mirror or replicate past trauma, causing survivors to experience a similar level of distress in the present (e.g. situations that leave people feeling vulnerable or powerless). Policy reviewers / developers should bear this in mind. They also need to commit to consulting and connecting with both those receiving and those implementing services. Finally, they must recognise the impact their role can have on supporting resilience and recovery.

In childcare and health care systems potentially retraumatising practices may include:

- use of force or coercion

- seclusion and restraint

- being talked at or down to

- witnessing abuse towards others in the service/care environment using confusing language and terminology.

'Policies and procedures that shame, devalue, disrespect and otherwise disempower young people, adult and families/carers.*
*Harris & Fallot (2001); Goldsmith Martin & Smith (2014).

The QUB TIA implementation report quotes a focus group participant acknowledging the need for buy in from all:

"…the big issue we continue to face with many not involved with frontline delivery is 'why do I need to bother?'…the challenge is a cultural one…being able to see that this is…about resilience, organisational resilience…not just the preserve of [those] dealing with trauma in the very frontline sense."
(2024; p85; Full report)

Training for policy developers / reviewers needs to be aligned to the ethos and values of their organisation, otherwise they may be found to be disconnected with what the organisation is striving to achieve. While this may not be an issue in smaller organisations, in medium and large organisations the training may need to be:

- widely communicated

- understood and agreed with

- and ultimately, committed to.

In addition policy makers need to be valued and promoted as champions of the TIA and recognised in their role as leaders.

Practices across systems designed to help people who have experienced trauma can sometimes re-traumatise the very people they seek to serve. This results from recreating situations or experiences that mirror or replicate past trauma, causing survivors to experience a similar level of distress in the present (e.g. - situations where people feel they don't have a choice where things are done to them not with them).

Integrating the TI principles (safety, trustworthiness, choice, collaboration empowerment and inclusion) into the existing policies and practices of an organisation enhances positive outcomes for those using services whether they are pupils, clients or patients, and whether they use a service in the long or short-term. Integration of the TI principles supports workforces to feel they are practising as well as they can, guided by effective policy and striving for the best outcomes possible for each person, family, group or community. (ref: Toolkit pp37,38)

At the very least a policy should ensure it does not re-traumatise those in services, and at its best, should be a logical and a well-considered guide to practice. This can be more difficult to achieve in certain settings than others (QUB TIA Implementation report; p93).

Policies that Already Reflect Trauma Informed Principles

Due to requirements to comply with developments in legislation, there are many aspects of organisational policy that already reflect TI principles, to differing degrees.

'Identify existing examples of good practice in terms of trauma informed and responsive policy, (don't assume there isn't any)'. (Scottish Roadmap)

Relevant legislation includes Human Rights, Section 75, employment law, employee rights and best practice guidelines such as Personal and Public Involvement (PPI).

The PPI legislation (Health and Social care Reform Act 2009) can reflect trauma informed principles, but unless used carefully it can be critiqued as a top-down, managerialist approach (Ferguson 2008). There are examples which demonstrate effective implementation on the Engage website Personal & Public Involvement (PPI) – Involving You, Improving Care regarding PPI, co-production and partnership working.

The Patient Client Council embodies PPI and seeks to ensure that those with lived experience not only give feedback on services received but also have a part in designing services and influencing how they are delivered.
pcc-ni.net/news/2024/october/embracing-the-public-as-assets-the-need-for-a-strategic-approach-to-public-participation/
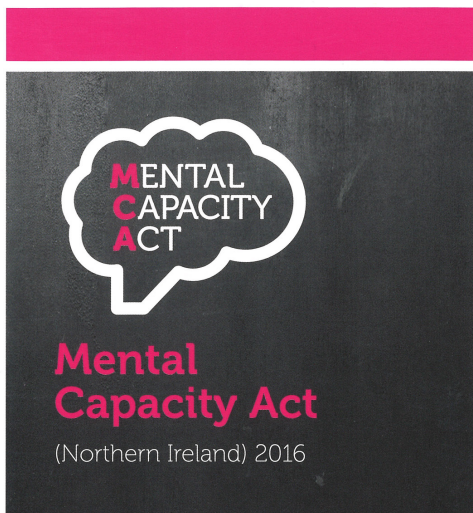
It is important for any leader or policy developer to recognise and audit existing examples of process or guidance that reflect these TI principles.

'There are HSC areas where policies such as reducing restrictive practice, MCA [Mental Capacity Act] legislation etc. are very pertinent and therefore adhered to. Whilst this is TI practice, I don't think that they would be perceived as such under that heading'.
Frontline organisation, Health & Social Care, statutory sector) (QUB TIA Implementation Report 2024; 44)

The TI Toolkit checklist should support the identification of existing examples that reflect TI principles but it is important to ensure that the people making a final judgement on this are those with lived experience who use services, as well as those who implement them. Trauma Informed Toolkit (safeguardingni.org)

Policies that Should Contain TI Principles

Generally, in the literature and in practice examples, alignment of a TIA with existing strategic plan/policies was seen to be an enabler. Competing priorities and staff time constraints were seen to be unsupportive to change and development (QUB TIA Implementation report 2024; 29).

Staff Wellbeing Policies:
Identifying changes that will support staff wellbeing (e.g. anti-bullying strategies, sexual harassment policies and lone working) especially need to embody the TI principle of Safety.

Staff Grievance and Disciplinary Policies:
Applying the Trustworthiness principle will support contentious and difficult processes such as staff grievance and disciplinary processes. It was recognised by some senior respondents in the QUB TIA implementation report 2024 that this is an area in need of further development. Outcomes for such processes are recognised to be compassionate and humane, with clarity and clear communication central to the process, whatever the outcome.

Within education 'the importance of adopting trauma informed policy and procedures was seen as a key organisational change mechanism in schools, particularly in relation to disciplinary practices as it helped reduce behavioural incidences and enhanced learning time for all.'
(Avery in QUB TIA implementation report 2024; 20.)

A Grievance policy which builds in reflective practice is seen to reduce the time it was used by offering safe reflective time to allow learning and development to occur. Supporting individual team and organisations' 'windows of tolerance' (Trauma Informed Toolkit; p.18) is thus embodied in such a positive action policy.

Recruitment and Selection Policies

The process of interviewing itself can reflect a TI approach. Treisman suggests that a trauma lens view of recruiting can open up opportunities for both employer and potential worker through facilitating ways for the demonstration of skills, knowledge and values other than in a formal setting: recruitment and selection (safehandsthinkingminds.co.uk) Toolkit page 85

Complaints Policies

All organisations should have a complaints policy in place and should consider how they support and maintain a TI approach.

• is there transparency of process?

• how can the complaint be made? if only in writing - what about language issues, broader accessibility, literacy, formality - consider all power differentials

• how is feedback given to complainant in terms of what happened to their complaint and if it had impact upon service delivery /design?

• whistleblowing policy for staff

• is safety ensured if a complaint is made?

Those who are most vulnerable may find it the most difficult to complain.

Supervision Policies

Reflecting on practice should be a consistent aspect of supervision and ITTIC (The Institute on Trauma and Trauma-informed Care University of Buffalo) highlights how TIA can be interpreted in the supervisory relationship - whatever the role, profession or organisation. It outlines how a focus on a sense of physical and psychological safety for staff in the environment and in relationships is essential and that it is the supervisee who should define this. The impact of workload demands should be considered as well as secondary and vicarious trauma as well as *"the impact of the complexity and ambiguity of the work and the relentlessness of it (...the layering of needs - the intersectionality of multiple adversities and trauma)."*
Trauma-Informed Supervision: A Practical Framework

It also supports supervisors to reflect on how they have applied a TIA to conduct supervisions considering all TI principles.

Processes / Mechanisms

Using existing processes and mechanisms that already exist for the review of policy but enhancing them with a TI lens is seen to be effective. These mechanisms can include review timetables, or clear programmes based upon audit checks that prioritise the policies that require attention. This could be based upon:

- date of review

- negative feedback, examples of negative impact of policy on staff or service user

- introduction of new legislation

- an issue or incident that has arisen within the organisation.

In addition, having data gathering mechanisms established with a new policy development or revision is advisable and would be valuable. 'Improvement in quality service ratings' or 'staff perceived safety'. (QUB TIA Implementation report 2024; 33).

It is suggested that mechanisms to measure and gauge the impact could include simple feedback forms at:

- the beginning of service delivery

- specific points (e.g. after 3 months, 6 months) and end of service delivery

- prior to or following significant events (eg case conferences, reviews, teacher / parent meetings at school; planning meetings for case plans etc).

Through actively seeking feedback practitioners will be more engaged with their service and organisation - and will have a means to express frustration, supporting them to ensure their practice is aligned to their own moral code. Those receiving services will feel they have a voice, are listened to and feel heard and cared for - embodying the TI principle of **Empowerment**.

Financial and Budget policies: [cross ref to Resourcing Focus area]

- procurement: how are services commissioned and procured? Are trauma informed services measured as adding value to any contract? Are outcomes measured rather than outputs? Eg after receiving a service, attending school, having an appointment, is the individual better off? (ref Outcomes based Accountability; ref Universal service delivery model 'exit and post exit' in introduction)

- service level agreements

- tendering

Communications policies - what strategies are used to ensure there is effective communication - :

- with employees (example of newsletters; intranet; team meetings; 'town hall' meetings, texts, Xs...)

- with services users/recipients of services/students

- stakeholders including volunteers, vendors, contractors

- a range of communication modes are used: letter, email, social media, posters, texts

- are accessible versions offered, e.g. for those with visual impairment

- translated website e.g. the SBNI uses ReachDeck on their website which can read the text aloud and translate it into multiple languages, for people with a language other than English.
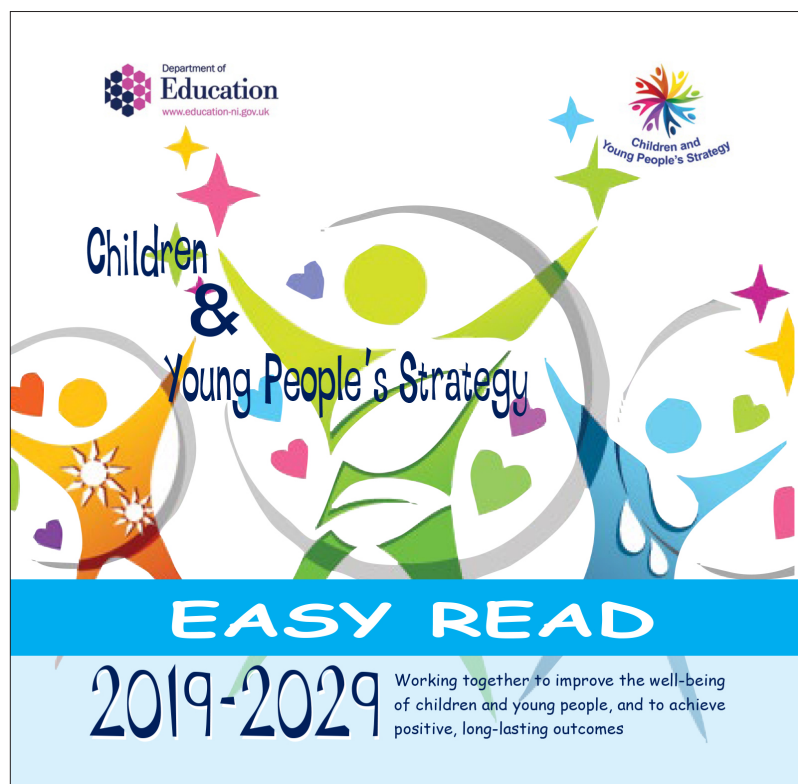
Examples of Tools Available

There are a range of examples of tools available (Trauma Informed Toolkit; pp83-89) which you can use to support the infusion of a trauma informed approach into policy development.

The basic premise is that any organisation:

- has a range of existing relevant policies and these are listed and accessible for general view on their website

- reviews policies at least every 3 years with dates clearly noted on the front page

- reviews annually certain policies that require it (and referenced as above)

- conducts reviews that include consultation with those impacted by the policy (to include staff and service users)

- develops new policies in line with TIA principles in response to legislation, guidance, inspections, incidents and consultations.

Section B - Local Examples:

The Youth Justice Agency (YJA) case study gives an example where policy and practice have been dovetailed and infused with a TIA, with the positive outcome of exiting young people out of the justice system as quickly as possible:

'..my colleague [name] has led on review in the Youth Justice Agency assessments moving it from risk focused to needs focused...our development of early stage diversion initiatives, exiting young people from the justice system as quickly as possible, again this is another trauma informed initiative.... Most of the staff have bought into it and can see the benefits not only for our young people but for their relationships with the young people, as well, and also with the families.'
(QUB TIA Implementation report case study; 2024; pp110-111.)

In addition, the YJA supported staff wellbeing by the development of guidance following the death of a child (op.cit; p124). Staff reported better support following any such traumatic situation, this was noted as being an original development amongst their partner agencies, and support offered by very senior staff to relevant workers was noted as helpful to support wellbeing.

A YJA participant stated: '*Young people's views should be sought before the implementation of new policies or procedures which will impact them*' (op cit;p116 Full report.)

NISCC[1] have developed a recruitment toolkit Personal Attributes and Behaviours 3 (niscc.info) which supports employers to ensure that organisational values are embedded in their workforces and encourage individuals to reflect on their own personal values [Toolkit p85.]

Some examples of policies to guide professional supervisions are pictured here

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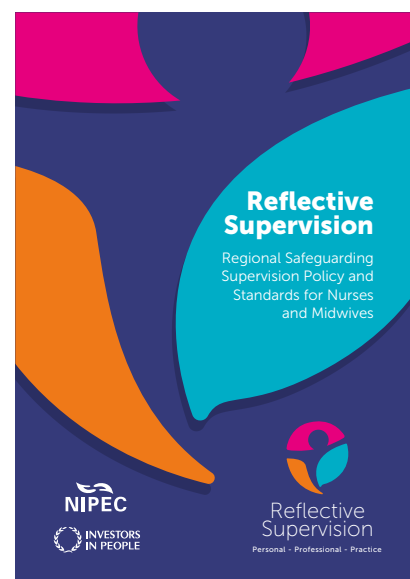
[1] Northern Ireland Social Care Council- the registering body for all social workers and social care workers

Volunteers also require supervision and reflective space and can be susceptible to secondary or vicarious trauma.

Volunteer Now have produced a policy around the support and supervision of volunteers: Support-and-Supervision-of-Volunteers.pdf

The Children's Court Guardian Agency give examples of adopting a TIA to their recording policy, and to their guidance to judges which have reinforced the voices of children and young people (QUB Implementation TIA report 2024; p 45).

VOYPIC decided that their young people needed to be officially engaged in the recruitment process, particularly for key roles such as engagement officers and so reviewed their interview panel policy.

"Involving young people in the recruitment of staff working directly with children and young people is considered to be good practice. Not only does it allow for children and young people to be actively involved in the decision-making process, it provides valuable insight into how candidates communicate and interact with the children and young people they are going to be working with."
VOYPIC, 2024; Young People interview panel policy).
Young People's Selection Panel (voypic.org)
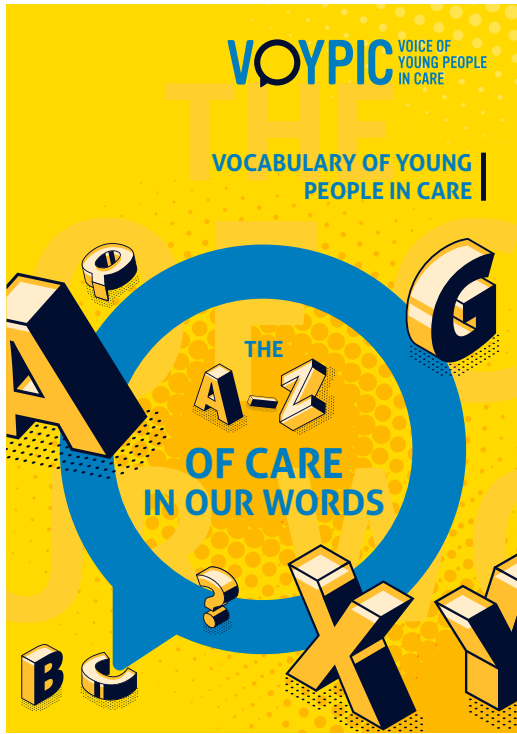
This required a level of creativity and positive will and needed to ensure that young people were prepared for the process but that they also felt able to use their own language when making selections of staff: eg "the staff member is dead on..is real..." (op.cit. 2024.)

Their young people also devised guidance for policy makers and practitioners regarding their language:
Language-of-Care.pdf (voypic.org).

In Summary

The questions developed in the **checklist** [Toolkit page 87] will be useful for taking a trauma-informed and responsive lens to existing and new policies, guidance, protocols and processes in your organisation. This checklist was influenced by and adapted from a range of tools.

Additional resources are in the Toolkit Resource and Reference section (page 87).

The link between **policy and practice** needs to be more explicit and solid so that policy makers are informed about adversities and trauma and how their policies:
• avoid retraumatising
• contribute to healing
• communicate with practitioners and with those who use services

It needs to be acknowledged that *'policies have caused significant trauma and continue to traumatise individuals, families and communities. A trauma informed policymaking framework can roll back these policies and promote healing...'* policymaking-tool-new.pdf (hmprg.org)

Appendix

Writing or Reviewing a policy through a 'trauma lens':

L	**LOOK**	

Who does this policy impact upon? **How** might they be impacted? E.g. might it marginalise some? Do those applying the policy agree with it/are they on board? **What** does it impact upon? (e.g. the environment, the culture). The name of the policy and how its worded/the language used/its tone. Is it accessible?

E	**EXPLORE**	

Consider: how might knowledge about trauma and adversity inform or change this policy? Could the policy make the service more efficient, more relevant, more culturally appropriate? Are those who use and receive services included in its review? Are those who apply this policy consulted?

N	**NEEDS**	

Is this policy/policy review needed? Be clear about why. Be succinct. If a review- what worked well previously? What didn't? Whose needs does it meet? Does it meet its aims and objectives? Is it specific- or broad- intentionally? How would this policy impact upon a person who is dysregulated or made to feel powerless? How would it foster safety, inclusion & collaboration?

S	**SUPPORT**	

Are those writing/reviewing this policy informed about adversities and trauma and their potential impact? Does this policy support the workforce and those who use services?

Does it support relationships? Are people aware of how this policy came about- the back story? Are workforces and service users informed/trained or advised about it?

Adapted from Treisman, SAMHSA

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.

Adapted from SAMHSA, 2014
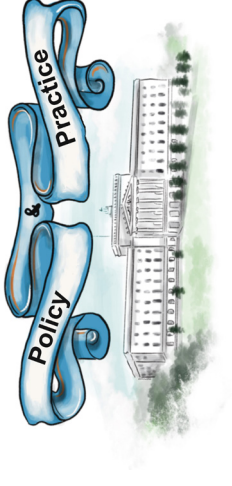
References (additional to the Toolkit)

Adopted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma-Informed Care: A Self Assessment and Planning Protocol" article by Roger D. Fallot, Ph.D. & Maxine Harris, Ph.D

Microsoft Word -Trauma_Informed_Organizational_Survey_Word_9_13.docx (traumatransformed.org)

policymaking-tool-new.pdf (hmprg.org)

Focus Area Action Plan
Policy & Practice

Start Date	Tasks	Actions	Lead	Completion Date	Comments