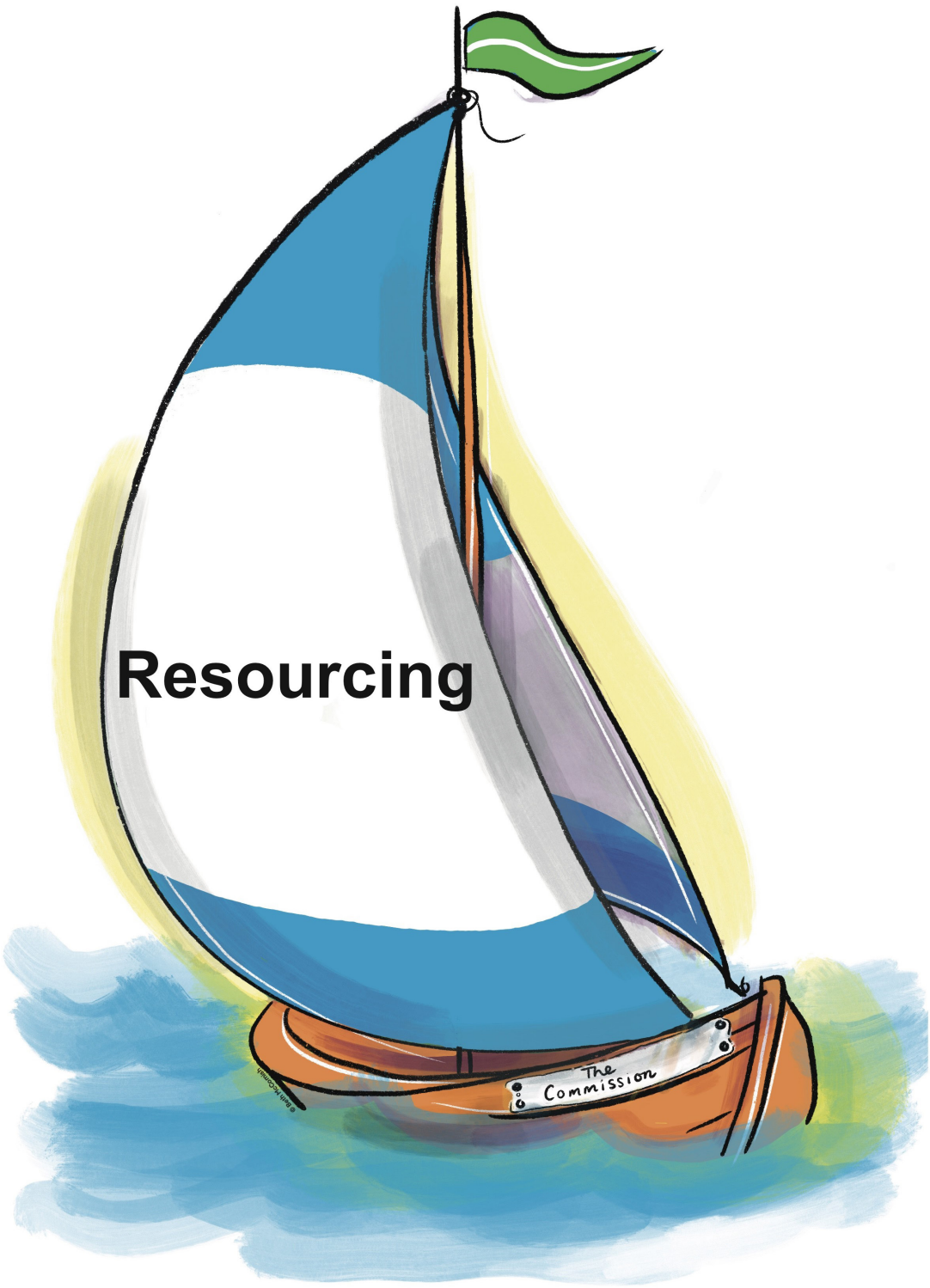
SBNI
Safeguarding Board for Northern Ireland

TIP ACEs
Be the Change

Organisational Toolkit Information Booklet



Contents

Version 1.0

Introduction

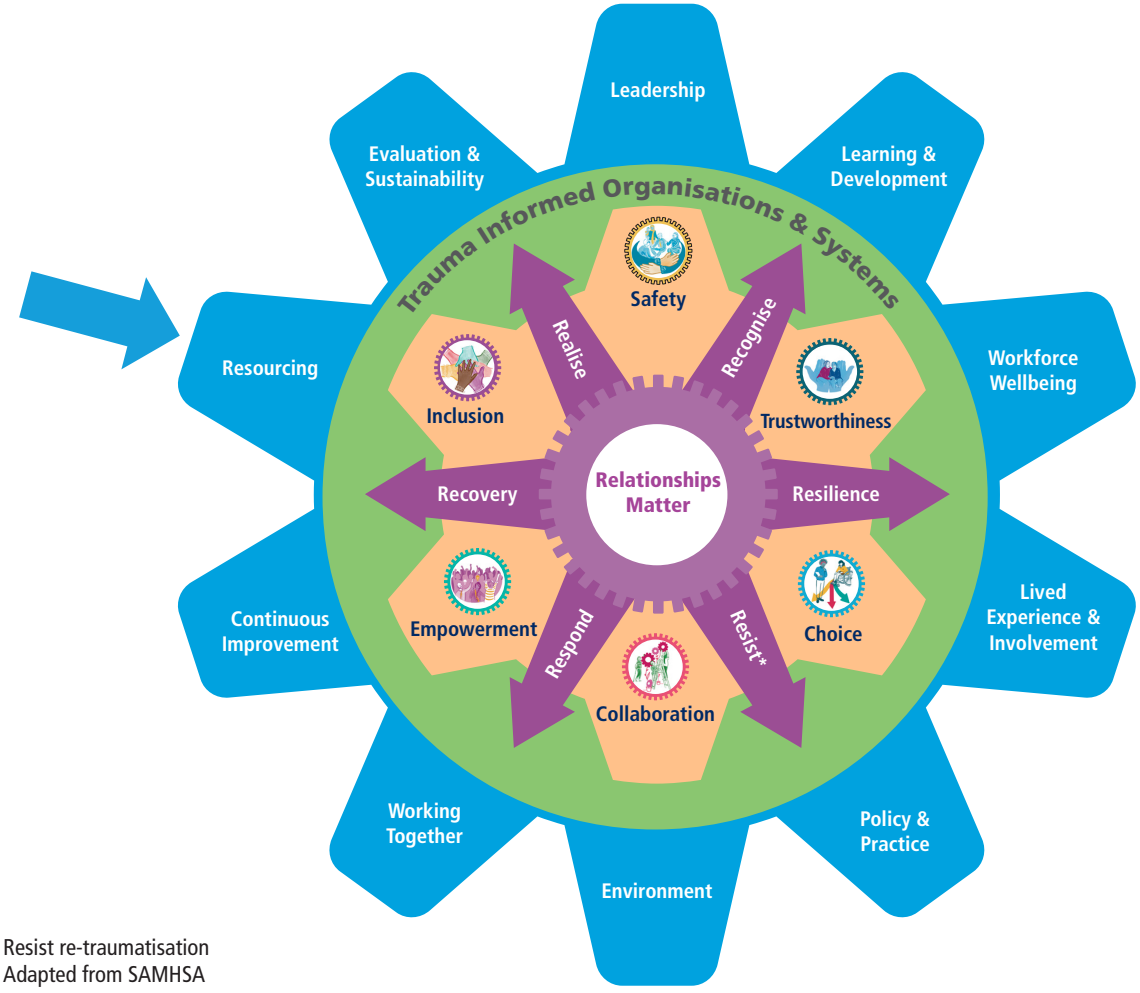
Developing a trauma-informed organisation is best thought about as a step by step approach, a process and a journey.

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 booklet focuses on the importance of **Resourcing** using a broad definition which includes finance, time, staff, physical assets and the commissioning relationship.



* Resist re-traumatisation
Adapted from SAMHSA

Why resourcing matters

Financing and resourcing were outlined as key components of successful trauma informed approach (TIA) implementation within the organisational development domain in the QUB TIA implementation Report 2024. In many reviews, an insufficient budget was seen as a central barrier to implementation.

In terms of **resourcing**, the allocation of adequate financial / staffing resources to promote implementation was seen as a key organisational enabler. With the international evidence reviewed in the research, it was reported that healthcare settings that have implemented TIAs have led to better access to mental health services, reduction in health care costs and a significant decrease in the use of seclusion and restraint.

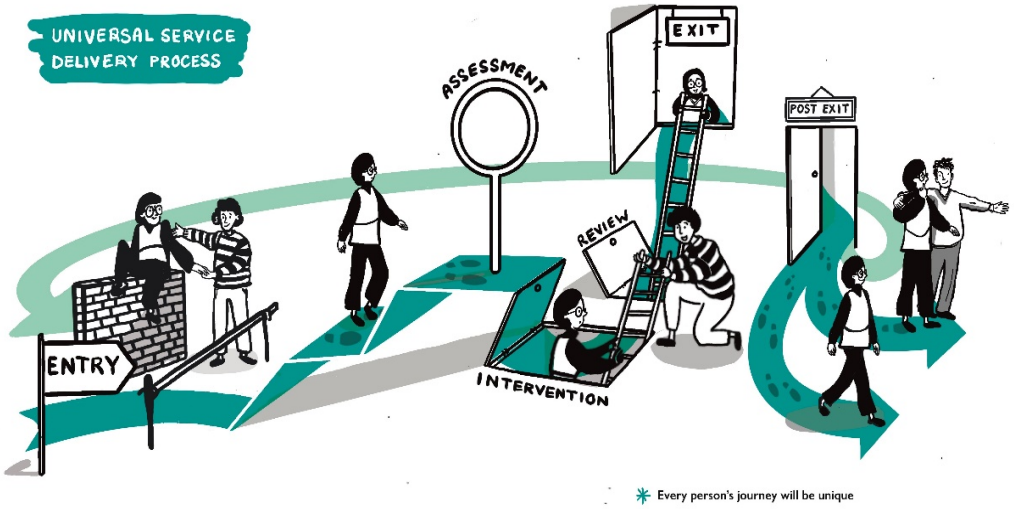
The research highlighted the perceived benefits, one of which was the cost savings to the public sector. Study participants observed that a vision is required to manage inadequate resourcing in community and voluntary sectors and short-term funding, and the absence of trauma informed commissioning. Longer term outcomes were noted as important for potential public sector cost savings associated with early (or earlier) and more targeted intervention.

Applying the TI principles to each aspect of resourcing can support an incremental approach which can build toward the whole system being TI. A gradual approach may ensure those who lead or champion in the area of resourcing are not overwhelmed by choice or complexity. However, organisations which allocate resources to the implementation of a TIA are observed to provide evidence of significant and faster progress (see examples in section B).

Lack of resource, whether in terms of funding, or of the workforce (this could be vacant posts and/or staff absences due to stress, burnout etc) or knowledge and skills, can profoundly impact in constrained services with competing priorities. In sectors where there is competition for resources there needs to be a culture change to problem solving. The cost effectiveness of a TIA cannot be underestimated and both the international literature and the local research can evidence the effectiveness and actual or potential cost savings of embedding a TI approach. The duplication of services, the gaps, and the timely provision of a service are of equal importance in embedding a TIA. Timeliness may mean early, or earlier, targeted services resulting in better outcomes.

Mapping an individual, family or group's journey through a 'service' [1] (see the illustration below) can highlight:

- the barriers to accessing services –which always exist, or prevent access at the most appropriate time
- gaps in services
- duplication of services which can be wasteful or overwhelming for those in contact with the organisation
- the ending of a service or the transition from one service to another.



There is an economic cost for not getting services right, as the research outlines - a negative cycle of traumatisation and retraumatisation can occur if services do not meet the need of the individual, family or a community. People may exit the 'system' but re-enter immediately or soon after, as their needs have neither been understood, nor met. In addition, if their experience of the system has in itself been traumatic, their needs may become more complex or they may require multiple supports thus costing the 'system' more, e.g. a child in school having their trauma neither recognised, understood nor responded to appropriately, may result in a suspension or even expulsion, and thus exposing the child to increased risk of engagement with the justice system. The Youth Justice Agency (Mooney et al, 2024; p125) reported the specific outcomes and perceived benefits of a TIA as including 'better outcomes' for children with complex needs and those who were repeat offenders, and also: 'lower numbers of children going to court…entering custody - potential for cost / resource savings.' Similarly, an adult experiencing a crisis in mental health may present in an aggressive and dysregulated manner to health staff and as a result end up in the justice system without having had any previous opportunity for support with underlying or unresolved trauma.

[1]This term is meant to apply to both universal and specific services and the illustration can be applied to a broad range of experiences e.g. a child's school career or an individual's specific service journey through medical treatment.

Positive outcomes for services users and families when a TIA was embedded were noted as better 'engagement with services (including rate of attendance) and compliance with treatment' (Mooney et al 20214; 33).

At a strategic level, consistency of approach can ensure that services are more effective eg ensuring a whole family 'system' get the supports they need from the practical to the emotional, from the infants in the family to the parents and even extended family. As one participant from the community sector said "there's a sense of we're speaking the same language" (Mooney et al, 2024; p81) resulting in better outcomes for those using a range of services.

The need for transparency in order to build trusting relationships is essential to ensure co-production or co-ownership of services and in how services are delivered and received. Relationships across those organisations who are working with the same people (e.g. primary care services, schools and community / youth provision) also require to be built upon trust and transparency so there is clarity of approach regarding role, remit and responsibility. All of this requires an element of 'time' and therefore resourcing, and needs to be built into staff workload / diary. Leadership need to acknowledge this essential 'relational' element of the work and role, and workers and managers need to have genuine 'permission' to engage in this.

Building trust can then enhance how other services are approached and used resulting in better outcomes for all (including workforces - more satisfaction, confidence in their work and better work relationships) but also can be cost effective, ensuring resources are used more efficiently.

Investing in appropriate, commensurate staff training is key (see Learning & Development Focus area). Leaders in the organisation need to decide what is best suited to roles and remit. A 'one size fits all' can waste resources of time and money. Staff can feel discouraged, frustrated and not listened to if they feel the training is not pitched at the correct level ie too high or too low, or is not relevant for their training needs.

Investment in specific therapeutic training for staff who are working with those with more complex trauma is key to ensure the service user is suitably supported to recover and their resilience is enhanced.

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

Through financial management and control, leaders - at differing levels in organisations - are making decisions regarding how best to use their resources - whether they are government funded, awarded a grant or are the commissioners of services. Using a trauma lens to view financial management will inform decisions regarding:

1. those who need specific therapeutic interventions delivered with extensive knowledge and high level of skill

2 how the service is delivered

3. the whole workings of the organisation from the physical environment to recruiting workers to commissioning services that other organisations / companies / individuals will deliver for them.

> "A wide range of commissioners are responsible for ensuring the provision of services for people facing multiple disadvantage. This includes local authorities, police and crime commissioners, clinical commissioning groups, and government departments to name a few."

Commissioning the way forward – driving change for people facing multiple disadvantage during a crisis and into the future - MEAM

The trauma informed principle of Empowerment needs fully incorporated in a meaningful way to ensure services are not only compassionate but efficient. As 'Delivering Together 2026' (Health and Wellbeing 2026 - Delivering Together | Department of Health (health-ni.gov.uk) states: "This work places a strong emphasis on ensuring the user's voice is heard, as they will play a key role in developing and implementing new services and care pathways." The strategic influence of Public and Personal Involvement guidance emanating from the Health and Social Care Reform Act (2009) can ensure there is consultation and lends to transparency too. 'Co-production is a strengths-based approach which aims to harness the expertise of people and creates opportunities for partners to pool their resources, their talents and expertise. Services can become more efficient, innovative and cost effective.' (DoH, Co-Production Guide; p16). 126493 H&SCB - Co-Production Guide.indd (hscni.net)

Commissioning viewed through a trauma informed lens could influence:

- increased consistency of approach internally and externally
- seeking out and hearing the voices of those using services, including those not often heard
- the joining up of services and systems so that service users receive more effective care, ensuring that gaps are addressed, services are not unnecessarily duplicated
- services to be provided using a TIA which therefore do not cause trauma, nor retraumatise those who already have experienced trauma, this therefore requires that staff are trained to an appropriate level and that workforce wellbeing is a priority, including minimum requirements for supervision
- the recovery and healing process.

This then has an impact on a range of tasks within any size of organisation with resource considerations e.g.:

1. **Recruitment and induction and orientation practices** - getting the right people; screening for trauma informed values and skills when interviewing - seeing potential and investing in developing skills Hiring a Trauma-Informed Workforce (chcs.org); investment in workforce; paying a fair wage; induction training; mentoring; supervision; external supervision- clinical supervision; sharing resources

2. **Training** (see also Learning & Development focus area). Consider use of free online tools providing a foundation of knowledge for financial leaders and for all of workforces. Events & Training (safeguardingni.org) The SBNI TIP team have worked on a sustainable model providing online resources (see Training Brochure) as well as training many TIP trainers, and many more who have done other forms of similar training. There are a range of resources available online: TI Oregon; NHS Scotland toolkits; see the reference section in the Organisational Toolkit Trauma Informed Toolkit.

Connecting firstly internally with your own organisation, secondly with direct partners and finally with the wider system requires some effort but is an effective use of time as the outcome can be to save costs and also enhance the importance of relationships. Sharing learning across sectors is valuable in order to support consistency and learn from others in the implementation journey. There may be overlap with those who access services whether universal (school, health) or specific (prisons, social services, schools for children with complex needs etc). Adopting a TIA means to move away from working in silos to working collaboratively and being open to sharing, and not being so insular and 'protective' of what we each have or know.

This then is predicated by knowing what is available internally and externally (e.g. the SBNI has a database of TIP trained trainers - some of these may be membership organisation trainers or have an existing SLA with trusts, and training requests can be submitted). Consider which forums can be used to share knowledge, skills and shared approaches. What partnerships or alliances can be formed for the benefit of all concerned? Assess this before looking for consultants or trainers from further afield. The TI principle of collaboration includes joining with others who have similar training needs.

3. **Sharing resources:** this could include a resource library consisting of toys, digital equipment and digital knowledge, furnishings, or skills, which organisations could borrow from but also contribute to, embodying collaboration.

4. **Investing in a job/post/team to lead development** of TI practices [cross ref to leadership area]: the allocation of resources to a role or team is significant in what it symbolises as well as what it can practically mean in progressing a TI strategy. In the QUB TIA Implementation Report those organisations who invested in a TI lead or team found progress was quicker, more significant and more inclusive. Leaders and champions who are not allocated time can quickly become overwhelmed

and leadership buy-in, specifically from finance departments, will be significant. There needs to be clear examples of the logistics of investment in such a role, and like policy makers, finance departments will need their awareness raised. New collaborations and unexpected allegiances can be made if people understand each other's perspective.

5. **Wellbeing strategies:** (see Workforce Wellbeing Focus area): investing in and valuing supervision, and / or reflective spaces during worktime will need to be integrated into financial planning especially for those who are encountering individuals, families and communities who have experienced multiples of adversities and trauma. Making a case for budgets to ensure that practical needs of those accessing services are met sometimes means someone taking a stand, calling out to those with the purse strings to ensure they fully realise the impact a small amount of finance can have in terms of compassion, supporting dignity and meeting needs. E.g.: YJA resourcing period products 'grab bags' as young people or parents leave the premises (Mooney et al; 2024;117-118).

6. **Care for the workforce** is important in early intervention or universal services too. Effective strategies that show the workforces that they are cared about and kept in mind might include: away days; nutritious food in offices; training; reflective time either in supervision whether individual or peer, or in team meetings; supporting team cohesion and collaborative working internally and externally. Investing in staff wellbeing should be encouraged, after all: 'being well is doing well' (Treisman) and all workforces need to know they are as important as those they are supporting / teaching. A whole team approach should also include making all staff aware that they are entitled to support and are aware of the range of impacts the work can have on themselves and others in the team and in different roles (e.g. receptionist being shouted at; nurse being assaulted, SW working with traumatised child etc.)

   Some strategies that are providing evidence of effectiveness are:

- Schwartz rounds: About Schwartz Rounds - Point of Care Foundation "Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care." '...The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.'

- 'Check-ins, check-ups, check-outs': Schools and other education establishments can use 'check ins' at beginning of week with their pupils / student; 'check-ups' mid-week and 'check outs' as preparation for the weekend - a strategy potentially effective for a range of service users and for staff in a range of services.

7. **Physical environments:** investment in layout, décor, furnishing can support safety and regulation in all kinds of establishments, from schools (e.g. NI Nurture programme) to clinical settings such as hospitals. 'Walk throughs' by staff and feedback from those receiving services are effective to highlight the impact on the senses; observing where 'pinch points' may heighten stress (e.g. studies of emergency departments are emerging (Brennan et al, 2024; Afzal et al, 2022) recognising a holistic approach TIA can improve psycho-social as well as medical outcomes); the co-design of spaces by recipients of services enhances feelings of safety and connectedness (see section B examples). A Trauma Informed organisation is where 'Cross sector Collaboration is the norm' a18e0b89-523b-4cb8-99c8-c09a21389f33_The Scottish Psychological Trauma Training Plan.pdf (NHS Scotland) i.e. collaborative training, sharing of resources, building relationships, respecting strengths of partners and service users.

8. **Service Level Agreements (SLAs) & tendering:** consideration needs to be given to what needs to be in a tender to make it trauma informed and to ensure that the service is also trauma informed to the correct level (this may not require major changes, just tweaks and intentional use of TI language).

9. **Commissioners** can support the development of TI services by modelling a collaborative approach themselves e.g. requiring that providers use a TIA in the delivery of a service and back this by providing training in TI approaches or signposting (this in itself being a TI approach). In addition, application forms can be specific about what is required of the services (as is the case with safeguarding or adherence to health and safety). Commissioners can request: clear and consistent evaluation that may focus on outcomes but on process as well; skilled and purposeful use of data; using measures that go beyond quantitative. They can also require through their processes that the welfare and wellbeing of the staff providing the services will be part of the bid / tender. Commissioners should also consider some flexibility to funding plans in order to allow change of direction if evaluated as necessary or for other reason such as demographics changing e.g. an influx of refugees, or new housing stock being completed and an influx of young families, the sudden or unexpected closure of a school or a centre closing due to fire damage or due to complaints about noise from residents.

Domino (2005) highlighted they found trauma informed, integrated services to be cost-effective, improving outcomes but not costing more than 'standard programming'; however, evaluating and analysing the data often needs developed in many systems to ensure it can inform a TI Approach and demonstrate that effectiveness in a persuasive and well informed way to persuade finance departments, budget managers and purse string holders.

It is noted that innovative approaches can be cost effective as services are being delivered in a manner which recipients appreciate and which meet their needs, therefore approaches such as co-production, the application of Public and Personal Involvement (PPI) standards can, in the longer term, be more efficient. Through such effective and transparent approaches trust in service providers can thus be built and those using receiving services recognise they are being heard and responded to.

'Involvement in HSC at a commissioning / policy level can:

- improve quality of services
- tailor services to meet people's needs
- ensure better use of resources and generate additional resources
- reduce complaints and increase satisfaction with services
- promote quality services
- strengthen public confidence in services'

Again, an example of what legislation requires us to do and how a TI approach enhances the application and operationalising of this legislation. This refers back to that baseline audit or the scoping of what is already TI in your organisation.

Section B: Local Examples

The following examples are brief illustrations reflecting how a TIA has been embedded and the resulting outcomes:

Belfast HSC Trust Child and Adolescent Mental Health Service (CAMHS) partnered with local community and voluntary groups Streetbeat / YEHA to work together to offer emotional wellbeing / early intervention mental health support to children and young people. This began as a pilot after it was identified that Streetbeat/ YeHa were often supporting young people in the community who were waiting to be seen by CAMHS. By coming together the organisations were able to work collaboratively to offer supports and reduce time waiting for interventions. The key tasks within this cross-sector collaboration were having strong governance and communication processes, understanding and valuing each other's work and roles and building collaborative working relationships which kept children and young people at the centre. The Trust then had access to some non-recurrent funding and was able to establish contracts with Streetbeat, YeHa and 2 other community and voluntary organisations to fund 1:1 therapeutic intervention for children and young people. This meant young people could be seen more quickly and have evidence based interventions to support their emotional wellbeing and mental health.

'Developing Women in the Community' was a programme led by Department for Communities– and funded by Executive Programme for Tackling Paramilitary Activity and Organised Crime(EPPOC). An advisory group set the premise that, due to the nature of the programme, the areas that they would be targeting and the women involved in it, the programme should use a TIA throughout its delivery.

The team consulted and explored what this would mean and in essence considered a TIA in every aspect of the programme, from the wording in the funding application to the training of the application selectors. Information was provided by the SBNI TI team. Successful applicants then were trained in the TIP modules and some leaders of the programme went on to become TIP trainers and were able to support their own staff and partners through a sustainable strategy of training.

An evaluation of the programme was conducted which reinforced the suitability of the programme, its effectiveness regarding its aims and how it was enhanced by a TIA. (DfC, 2022; Walsh, 2022). One of the programme, leaders / trainers said:

> "The knowledge and skills gained have enabled us to create a more trauma-sensitive environment, one that promotes healing and understanding. As a trainer, it is incredibly fulfilling to witness these changes and to know that the training has been life-changing for so many. We are better equipped to support each other, and we are taking meaningful steps towards building a healthier, more resilient community"

Belfast Health and Social Care Trust
caring supporting improving together

Instigated by parents, the Snowdrop Group was formed to focus on improving services. BHSCT Maternity Hospital worked collaboratively accessing suitable funding, resources of knowledge about grief regarding loss of a baby and artistic skills to apply a TIA to ensure that specific rooms, assigned for the purposes of parents whose babies had died, were more supportive for them giving birth and provided a quiet, calm space in which to say their goodbyes. The parents involved in the project stated that it had helped them to process and gradually recover from their loss. The approach included the process of collaboration and co-design with the parents and resulted in an environment which is more supportive to parents who have experienced such loss.

These are a few examples of how a TIA to resourcing can be effective. The collaborative aspect of a TIA means that effort is required to explore and gauge what already exists, ensure that unnecessary duplication is avoided and in so doing also highlight gaps where resources are required. The evidence base is growing which demonstrates the value of consistency of approach across the system, where there is predictability and where people can feel heard and supported. The role of commissioners is important and can influence the embedding of TIA across commissioned services, encourage collaboration and seek to end short term funding measures which limit and pressurise services which have been evaluated as effective.

The cost effectiveness of embedding a TIA can be observed across organisations in all sectors but a whole system change will create further positive outcomes regarding more joined up, and less silo, working.

We will continue to address improvement, implementation and sustainability as we progress through the toolkit. We emphasise that extended periods of implementation are required to achieve whole system implementation.

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 (additional to the Toolkit)

Afzal, N et al (2022) Barriers to emergency department clinicians' confidence in providing paediatric trauma-informed care. Barriers to emergency department clinicians' confidence in providing paediatric trauma-informed care - PMC

Brennan, G. et al (2024) What are the barriers and enablers to trauma-informed emergency departments? A scoping review protocol - PMC

Commissioning the way forward – driving change for people facing multiple disadvantage during a crisis and into the future - MEAM

Department for Communities (2022) Developing Women in the Community Programme; an independent review.

DoH Co-Production Guide 126493 H&SCB - Co-Production Guide.indd (hscni.net)

Domino, M. et al (2005) Service costs for women with co-occurring disorders and trauma. In Journal of Substance Abuse Treatment; volume 28, issue 2; pp 135-143.

Mooney et al (2019) Applying the Sequential Intercept Model to the Northern Ireland Context: a selective review of practice innovations to improve the life chances of justice-involved young people and adults with complex needs. Queen University Belfast; Safeguarding Board NI.

NI Assembly: Health and Social Care (Reform) Act (2009) Northern Ireland. Health and Social Care (Reform) Act (Northern Ireland) 2009

Walsh, C (2022) Developing Women in the Community. A formative pre/post test evaluation. Queens University Belfast.

Focus Area Action Plan

Resourcing

Start Date	Tasks	Actions	Lead	Completion Date	Comments

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