Organisational Toolkit Information Booklet

SBNI
Safeguarding Board for Northern Ireland

TIP ACEs
Be the Change

Workforce Wellbeing

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 **workforce welbeing** as key component of becoming a trauma informed organisation.
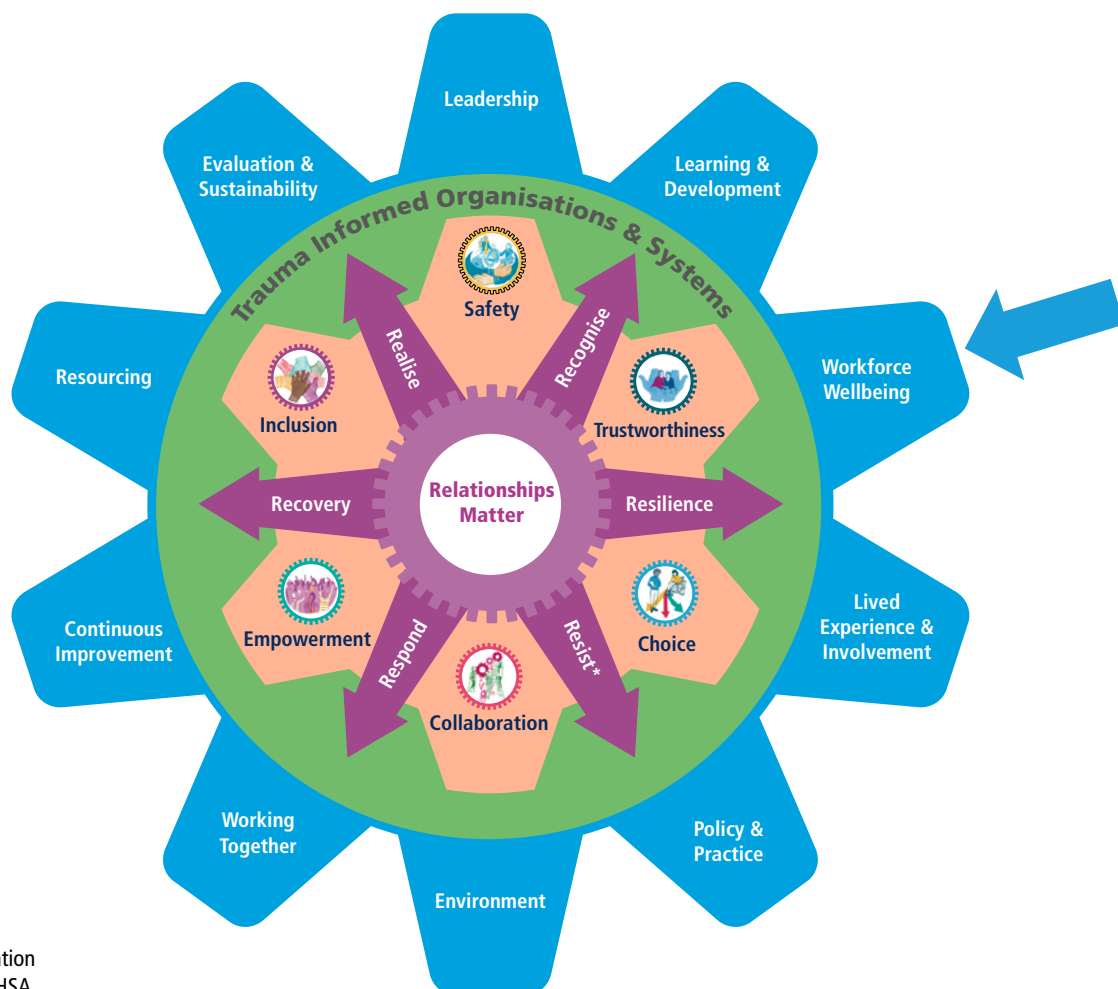
* Resist re-traumatisation
  Adapted from SAMHSA

Key Considerations

We need to support our organisations to:

- prioritise the wellbeing of their staff

- ensure staff have a sense of permission and space to talk about the impact of the work

- acknowledge context and situational factors that can contribute to workforce challenges

- promote psychological safety in the workplace

- highlight the importance of the relational environment

- understand that unresolved trauma in our workforce can impact at many levels

- build in scheduled time for reflection and debriefs

- ensure proportionate support (supervision in clinical services) for those working in services who regularly support people impacted by trauma and mental health difficulties

- understand how to respond to burnout, vicarious trauma and moral injury/distress

- ensure proportionate focus on organisational care rather than a primary focus on self care

Research highlights that before organisations roll out any training – including trauma training – its important to understand whether staff have the appropriate conditions and support in place to then begin to apply any new knowledge and skills.
(QIF to TIO. Systems & Workforce in Scotland)

Workforce Wellbeing

Workforce wellbeing and support is a fundamental and foundational aspect of being a trauma informed organisation. The prevalence of adversity and trauma, means a significant proportion of our workforce in Northern Ireland has been impacted by experiences that have overwhelmed their ability to cope at some point. Supporting organisations to provide a safe and compassionate response to their staff is key. If our workforce is struggling, they will find it difficult to effectively care for the individuals and families they seek to support.

We all have our own complex and unique lives outside of the workplace so if our staff are highly stressed, this can impact the quality of care provided as well as the physical and mental health of our staff.

Supporting individuals who have encountered trauma can present many challenges. This can include listening to difficult experiences, exposure to challenging behaviour, often coupled with a pressured work environment where there are continual demands.

Displaying authentic compassion and concern for staff wellbeing, rather than simply focusing on outputs, can support an organisation in terms of improved staff retention. When staff are provided with the opportunity and space to feel genuinely listened to, this can reduce stress in the individual and therefore in the organisation. Taking the time to truly listen so that staff feel heard and understood, will support their regulation.

> *"Exhaustion, burnout, and deteriorating mental health are among the greatest challenges to organizational well-being and profitability…Toxic workplaces can cause trauma. Unfairness, unrelenting criticism, unrealistic job demands or expectations, constant threats of job loss, or other forms of unpredictability in leadership or co-workers can also cause feelings of trauma. Workplace traumas can shake people to their core."*
> Workplace Trauma and Trauma-Informed Leadership | Psychology Today

Left unaddressed, research highlights that unresolved trauma in our staff inhibits them from confronting problems, communicating effectively and generating solutions. In addition trauma inducing practices within our organisations can undermine organisational functioning and increase the likelihood of dissatisfaction, complaints and litigation.

There are ongoing examples where the system does not let us work in a trauma informed way. This can result in moral injury or distress.
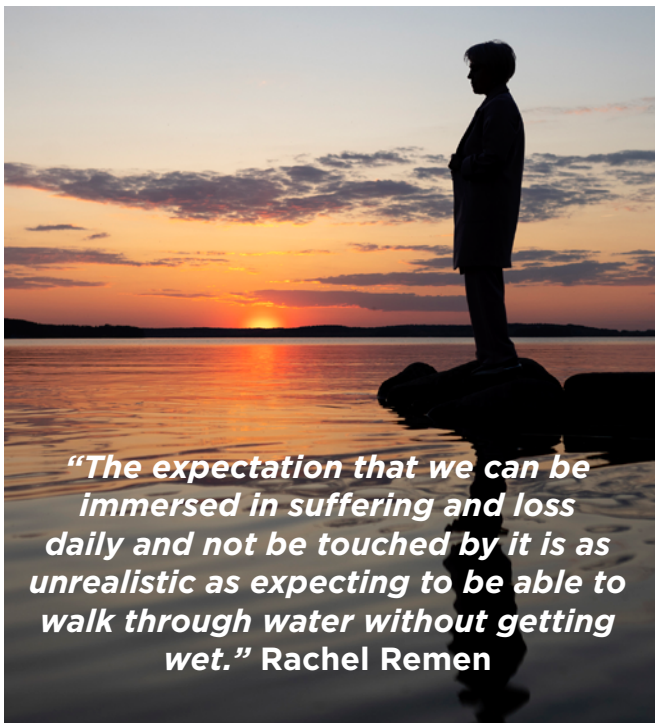
Moral injury is the strong cognitive and emotional response that can occur following events that violate a person's moral code. Potentially morally injurious events include a person's own or other people's acts of omission or commission, or betrayal by a trusted person in a high-stakes situation. It is when organisational actions do not align with a person's values. [Williamson et al 2021.]

Such situations can cause lasting imprints if unresolved and we are reminded of complexities for our health care staff in particular during the COVID 19 pandemic. **In contrast when staff feel they have a say in what happens, when they feel listened to and valued, physically and psychologically safe this will have a positive impact on productivity, creativity and the quality of service.**

"People feel relieved when others see their reality."
Bessel Van Der Kolk

The Sanctuary Model and Trauma Informed Oregon both emphasise, how foundational workplace climate and culture is, when becoming a trauma informed organisation.

The Sanctuary Model of Trauma-Informed Care tells us … "A trauma-informed service setting is itself a community, and therefore as vulnerable to the effects of trauma, chronic stress and adversity as the patients/clients they treat."


"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." Rachel Remen

"We cannot hope to heal the clients we serve if we do not first heal the environments in which they receive care…. Successful trauma-informed interventions look at both clients and the organisation itself as vulnerable to the effects of trauma."
Sandra Bloom

As Bruce Perry (The Cost of Caring 2014) states,

"The bottom line is that if we don't create organisational practices that facilitate the physiological regulation of our front line workers then we will never be able to create a workplace that will consistently meet the needs of the children and families we are asking them to serve."

Therefore becoming a trauma informed organisation, requires proportionate focus on the **voice of those who use our services** as well as **listening to the experiences of the workforce** at all levels working within the system.
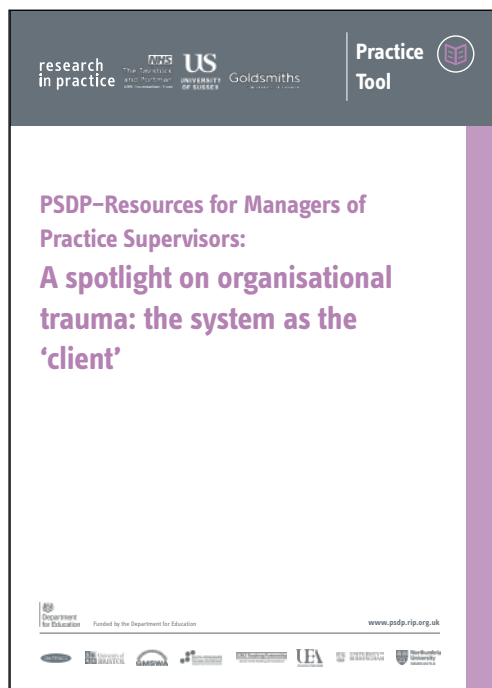
StS_PT_A_spotlight_on_
organisational_trauma_the_
system_as_the_client_Final.pdf
(rip.org.uk)

This resource has been developed by Dr Karen Treisman for middle leaders in children's social care who have a strategic focus within the organisation, and for practice supervisors with line management responsibilities. In it we are invited to consider how "*Organisations are emotional and relational places. They are made up of people, all of whom have come from their own families and a variety of systems, including other organisational families..*"

"Organisations might have had to operate in survival mode and, as such, develop ways and responses to cope, survive, and protect itself and navigate through these experiences…. Like people, organisations develop, they grow, they change, and they adapt." Treisman
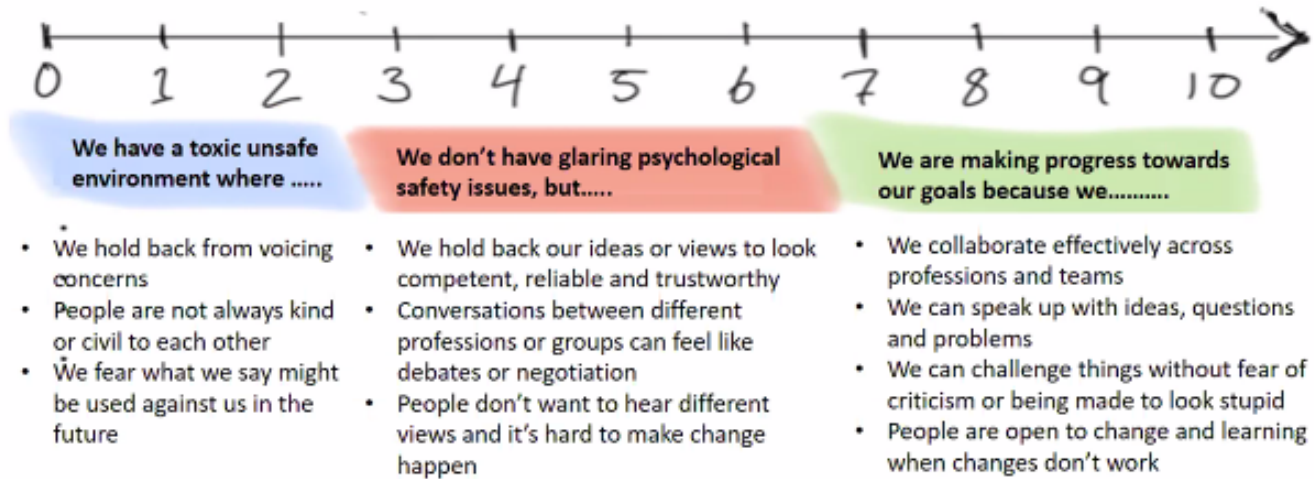
Safety in the Workplace

Physical safety and psychological safety in the workplace is fundamental. As Stephen Porges tells us, "*If you want to improve the world, start by making people feel safer.*"

Amy Edmondson first defined Psychological safety in 1999 as **"the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes."** Edmondson has further developed a simple 7-item questionnaire to assess the perception of psychological safety with teams. The link below provides the questions and how the workforce answers these questions can provide a sense of the degree to which they feel psychologically safe: What Is Psychological Safety? (hbr.org)

In essence if any organisation wishes to be considered as trauma informed, their staff need to have a sense of permission and feel psychologically safe, to openly discuss relevant issues whether that be related to the impact of the job, and/or personal issues. This means when we focus on staff wellbeing, we are invited to think about ways we can promote meaningful connections and safe spaces in the workplace.

Where is your team on this scale?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

We have a toxic unsafe environment where .....

- We hold back from voicing concerns
- People are not always kind or civil to each other
- We fear what we say might be used against us in the future

We don't have glaring psychological safety issues, but.....

- We hold back our ideas or views to look competent, reliable and trustworthy
- Conversations between different professions or groups can feel like debates or negotiation
- People don't want to hear different views and it's hard to make change happen

We are making progress towards our goals because we.........

- We collaborate effectively across professions and teams
- We can speak up with ideas, questions and problems
- We can challenge things without fear of criticism or being made to look stupid
- People are open to change and learning when changes don't work

Psychological safety: A belief that we will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes

Amy Edmondson: Psychological safety is not a hygiene factor

(Image used by @HelenBevan)

As Amy Edmondson states, *"A psychologically safe company culture is more challenging to build than most people realize....It is a powerful lever to increase performance and achieve excellence."*
Psychological Safety Is Not a Hygiene Factor | Psychology Today Canada

> *"If we want improvement across a system, we need to hold each other to account for behaviours, not just outcomes. When leaders & teams behave respectfully to each other at work, they create the conditions for improvement.*
> *@HelenBevan*

Working towards improving the climate and culture in our workplace means that our staff feel safe to be authentic, vulnerable and to challenge. When our staff feel safe to speak openly in meetings and they feel safe to learn from mistakes, a healthy workplace environment will ensue.

Supporting the health and wellbeing of our staff also means avoiding extremely high caseloads and frequently working excess hours.

Staff will also feel valued when they have a suitable space to take a break. A regulating space indoors or outdoors will enable a focus to recharge and help reduce stress levels.

In summary both the emotional and physical environment are important considerations when we think about workforce wellbeing. (Please also refer the environment section which will outline the importance of removing adverse or overwhelming sensory stimuli, promoting connection to nature and natural light to support the regulation of our workforce.)

Reflective Practice

Reflecting on our practice is of paramount importance when working with those who have experienced trauma and adversity. We invite all organisations to build in opportunities for continuous reflection to develop and improve.

A space for reflective practice whether individually or as a team has been also to have a positive impact on staff wellbeing. We are reminded how responsive relationships can build resilience.

A 2022 NI education research piece highlighted how trauma informed practice reduced burnout in teaching staff. An Evaluation of Whole-School Trauma-Informed Training Intervention Among Post-Primary School Personnel: A Mixed Methods Study (springer.com)

Similarly the toolkit highlights how a NI social work study revealed the critical importance of relationships at work for either building resilience or contributing to burnout. Recommendations call for employer-level interventions to promote relationship-focused interventions (Two sides of one coin? Relationships build resilience or contribute to burnout in child protection social work: Shared perspectives from Leavers and Stayers in Northern Ireland - Paula McFadden, 2020 (sagepub.com)
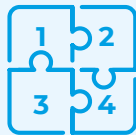
Supervision

Supervision is often available for clinical staff across disciplines. It is important that supervision is conducted using a trauma informed lens where staff have the opportunity to consider their emotional well-being and the impact of the work, rather than simply an update on pressing service user related issues. Below is one example from the Northern Ireland Social Care Council supervision resource.

Core Functions of Social Work Supervision:

1 **Professional Development**
2 **Organisational Role Performance**
3 **Personal Well Being**
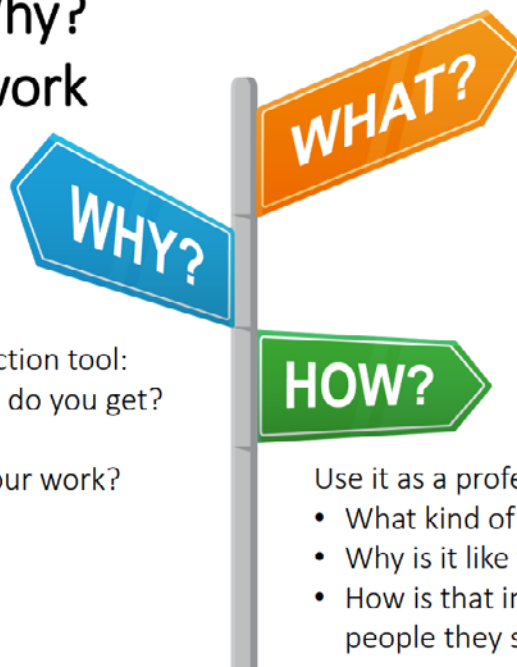
All are interdependent and aim to:

1 **Improve**
2 **Develop**
3 **Support**
4 **Protect**

the social work practitioner and their practice so they deliver positive outcomes for people they support

Professional

Organisational

Personal

The What? Why? How? framework

WHAT?

WHY?

HOW?

Use this as a personal reflection tool:
• What kind of supervision do you get?
• Why is it like that?
• How is it impacting on your work?

Use it as a professional reflection tool:
• What kind of supervision do you provide?
• Why is it like that?
• How is that impacting on staff and the people they support?

The-supervision-lotus-a-new-tool.pdf (niscc.info)

(Further detail is available in the policy and practice section)

Secondary traumatic stress needs to be a focus of frequent supervision content and process. Supervision is trauma-informed when it:

(1)   occurs regularly and provides support around

(2)   staff care/wellness

(3)   secondary/vicarious trauma

(4)   trauma informed principles

(5)   is culturally grounded

(6)   employees have a mechanism for providing feedback on the supervision they receive (adapted from Trauma Informed Oregon).

Consider how well does your workplace

• Provide supportive supervision, opportunities for peer support, mentors?

• Allow staff to bring items of comfort into one's space—personal photos, art, reminders of nature — to give staff a way to reconnect with their own body, spirit, purpose?

• Have ways staff can monitor their own stress levels and do something to regulate stress within trauma work—a meditation place, walking spaces, yoga, a place to breathe?

• Encourage work/life balance?

• Gather staff together to laugh, play, or spill—such as "chat sessions" every Friday afternoon for "dumping the bucket" of traumatic stress piled up each week.

Personal resilience plan

• What creates stress in my work?

• What helps me stay balanced physically and emotionally?

• What helps me to manage my energy?

• What helps me to quiet my mind and calm my emotions?

• Who can I connect with for support and a sense of belonging?

11_Trauma-Informed-Supervision.pdf (ciswh.org)

Strategies to prevent secondary traumatic stress, vicarious traumatisation, and burnout can be broadly categorised as follows:

General wellness: Encouraging and incentivising activities like yoga, meditation, and exercise;

Organisational: Fostering a culture that allows staff to seek support; keeping caseloads manageable; and providing sufficient mental health benefits;

Education: Providing targeted trainings that create awareness of chronic emotional stress and the importance of self-care; and

Supervision: Facilitating staff wellness through management strategies such as reflective supervision, a practice in which staff and supervisor meet regularly to address feelings regarding service user interactions.

Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations (chcs.org)

Where staff experience burnout it is important the focus is not on the individual being responsible to become more resilient, rather we invite leadership to become curious about organisational dynamics and consider if there are underlying issues that require sensitive exploration.

Burnout is often a symptom of chronic workplace stress that has not been successfully addressed.
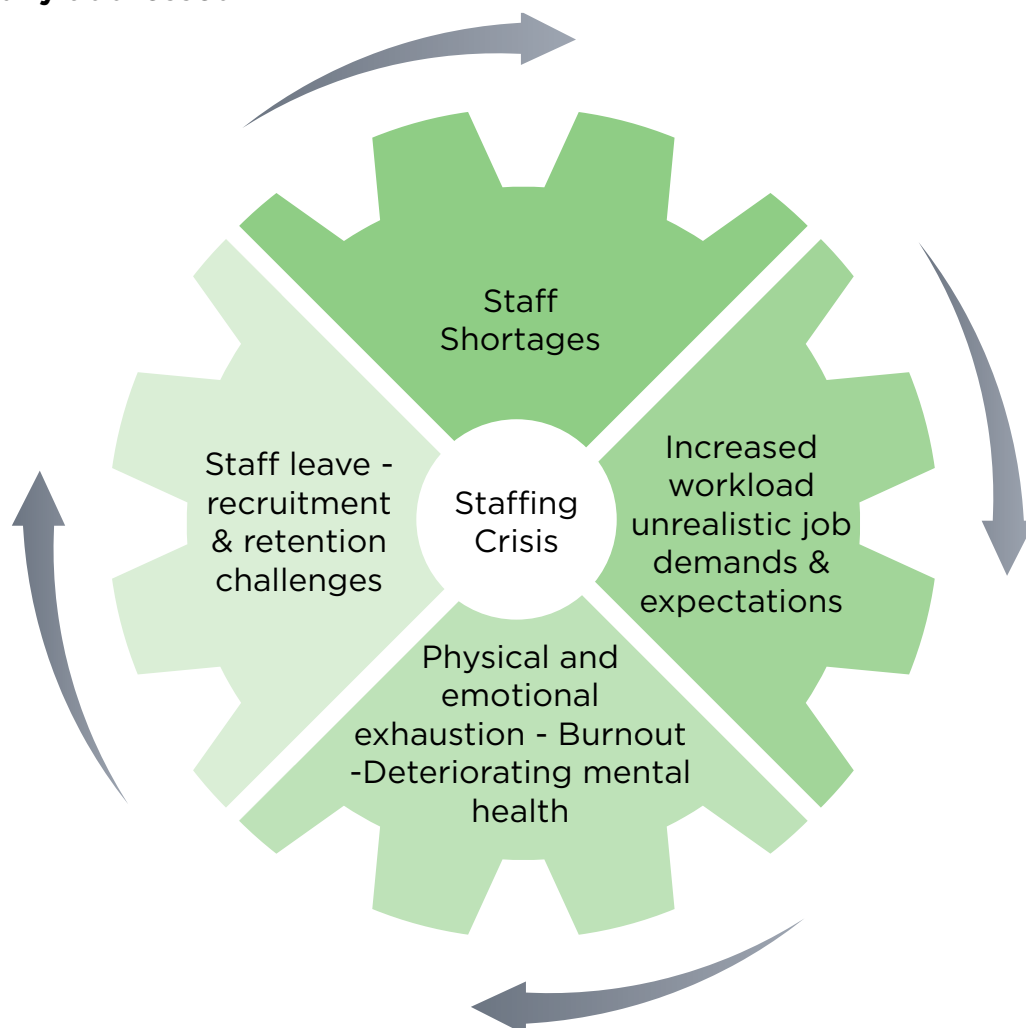
We are all acutely aware that a high staff turnover has a negative effect on the quality of service we provide. At the Northern Ireland conference in 2020 Mandy Davis, Director at Trauma Informed Oregon articulated how *"organisations have a responsibility to mitigate vicarious traumatisation", (trauma resulting from empathetic engagement with a traumatised client)...this is a requirement rather than an afterthought."*

Michael West has reflected on the current challenges within our health care system. West points out how the NHS is a service focused on promoting health and wellbeing but in the process it is damaging the health and wellbeing of a large proportion of its workers. He cites 50% more staff in the NHS suffer from debilitating levels of work stress compared with the general working population. In one NHS staff survey, 38-40% of staff report being unwell as a result of work stress in the previous year.

In Scotland a companion document was designed to support those in the workforce who are supporting people affected by mental health difficulties. It also aims to strengthen awareness and understanding about trauma-informed practice.

Mental health and trauma-informed practice: companion document

Therefore we cannot underestimate the challenges some systems are currently facing across Northern Ireland in terms of recruitment and retention of staff. Professor Ray Jones in his 2023 review highlights the current challenges across our Health and Social Care system.

"Painful memories or difficult histories are likely to be more damaging if left unacknowledged, unprocessed and unaddressed."

Across many other sectors frontline staff also experience significant levels of work-related stress.

It is important that we repeatedly seek to emphasise that trauma, adversity and chronic stress can have profound effects on us as individuals as well as our organisations. Listening to the voice of our frontline staff needs to be at the centre of what we do in our organisations and we invite organisations to continually consider what we can we do to support the resilience and regulation of our staff. Below you will see the types of organisational culture that is present when an organisational is operating within its window of tolerance.

This is not meant to be an exhaustive list (adapted from NES Scotland)

Asking our staff:

- what it is that helps them work in difficult areas?

- what has supported them most after distressing events?

- what physical aspect of the area they work in, most allows them to feel safe and regulated?

Equally being open about asking what particular aspects of the physical environment, procedures and policies or access to services (etc) increase their distress and why.

Asking staff what they would like the organisation to do differently or seeking ideas on or about how they would design things or what they would change is important. It is adopting this open approach which will support staff to feel listened to and therefore valued. When staff feel safe and valued retention levels improve.

Self-care Strategies for Combating Secondary Trauma			
Physical	**Psychological**	**Emotional**	**Workplace**
Sleep well	Self-reflect	See friends	Take breaks
Eat well	Pleasure reading	Cry	Set limits
Dancing	Say 'No!'	Laugh	Peer support
Walking	Smile	Praise yourself	Get supervision
Jogging	Solitude	Humour	Take vacations

(Bruce Perry -The Cost of Caring. 2014)

Section B: Examples

In Northern Ireland The Health and Safety Executive have produced management standards for work related stress.

What are the Management Standards for work-related stress? | Health and Safety Executive Northern Ireland (hseni.gov.uk)

These management standards represent a set of conditions that, if present:

• demonstrate good practice through a step-by-step assessment approach

• allow assessment of the current situation using pre-existing data, surveys and other techniques

• promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made

• help simplify risk assessment for work-related stress by:
  - identifying the main risk factors
  - helping employers focus on the underlying causes and their prevention
  - providing a index by which organisations can gauge their performance in tackling the key causes of stress

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence.

In other words, the six Management Standards cover the primary sources of stress at work. The Management Standards are:

• demands
• control
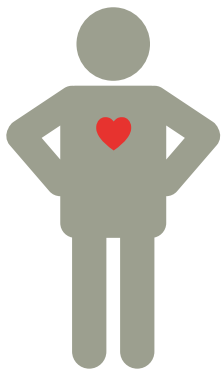• support
• relationships
• role
• stress

To effectively implement the Management Standards approach it is essential that you ensure the resource, support and infrastructure for the project is in place in your organisation. For advice on doing this please click on the link Preparing the organisation

Self Evaluation Reflection Tool

The SPARK tool is a self-reflective evaluation tool for practitioners working in community and social services, supporting them to develop a tailored self-care plan. It aims to prevent excessive stress and burnout by encouraging practitioners to reflect on distinct areas in their personal and professional lives.

SPARK

A self-care tool for professionals

Self-reflection
Prevention
Assessment
Resilience
Kindness

The **SPARK** tool is a **self-reflective** evaluation tool for practitioners working in community and social services, supporting them to develop a tailored self-care plan. It aims to **prevent** excessive stress and burnout by encouraging practitioners to reflect on distinct areas in their personal and professional lives. Using evidence-informed prompts, practitioners can **assess**, what, if any, changes are necessary to improve their welfare. This tool aims to build personal **resilience** in practitioners as an ongoing process. It provides a reminder that **kindness and compassion** towards ourselves and others are essential components in our personal and professional satisfaction.

Being exposed to stressful workplaces and trauma cases can have a cumulative negative impact on practitioners' well-being. Developing and implementing a plan can help to express and process feelings, recover, re-energise, promote physical and mental health, develop a worker's resilience and ultimately improve practitioners' work. In essence, self-care helps to keep the **SPARK** alive, or rekindles it when energies run low.

A PDF version of the SPARK tool can be downloaded from: **http://ideachildrights. ucc.ie/resources/**

IDEA — Improving Decisions through Empowerment and Advocacy

UCC — University College Cork, Ireland

spark_tool1_1b.pdf (ucc.ie)
SPARKTool-Generalversion.pdf (ucc.ie)

Secondary Traumatic Stress Scale

This is a further useful tool for those who have been impacted by their work with clients who have experienced trauma.

SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE:*"Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.*

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb……………………………….….	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients………………………………….…	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)……………………………………...	1	2	3	4	5
4. I had trouble sleeping……………………………………..	1	2	3	4	5
5. I felt discouraged about the future…………………………	1	2	3	4	5
6. Reminders of my work with clients upset me…………….	1	2	3	4	5
7. I had little interest in being around others……………….	1	2	3	4	5
8. I felt jumpy……………………………………….…	1	2	3	4	5
9. I was less active than usual…………………………….	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to…………………………………………….	1	2	3	4	5
11. I had trouble concentrating……………………………..	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients…………………………….	1	2	3	4	5
13. I had disturbing dreams about my work with clients……..	1	2	3	4	5
14. I wanted to avoid working with some clients…………….	1	2	3	4	5
15. I was easily annoyed………………………………......	1	2	3	4	5
16. I expected something bad to happen……………………...	1	2	3	4	5
17. I noticed gaps in my memory about client sessions……….	1	2	3	4	5

Intrusion Subscale (add items 2, 3, 6, 10, 13) Intrusion Score _____
Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17) Avoidance Score _____
Arousal Subscale (add items 4, 8, 11, 15, 16) Arousal Score _____
TOTAL (add Intrusion, Arousal, and Avoidance Scores) Total Score _____

Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*, 27-35.

https://search.app/BDowHkDGafDazVZi7

PSNI

The Police Service of Northern Ireland (PSNI) has continued to place significant emphasis on workforce wellbeing. They recently issued a staff survey which was completed by over 2000 staff.

In the PSNI Occupational Health and Well Being Service they have developed proactive strategies to mitigate against the impact of work-related trauma. They have implemented bespoke trauma training packages, trauma impact prevention techniques (TIPT), post incident peer support / critical incident and stress management (CISM), wellness and trauma resilience plans and modified GTEP (a group based form of EMDR – (Psychotherapy treatment) for recent work related events. In line with the principles of a trauma informed approach we recognise that peer support can a be vital source of support in the workplace. Being listened to and understood can significantly reduce stress levels in our workforce.

Youth Justice Agency

The YJA have produced a bespoke resource as an accompaniment to support staff in the tragic event of young person's death. An extract at the end of this document states *"A child's death can have a significant and lasting impact on a staff member especially in those cases where there has been a long and invested relationship. Some staff may struggle to process their emotions around the loss and manage their own vicarious trauma and potentially burn out. In those cases, staff may avail of a referral to…..*

Supporting staff following the death of a young person

Education Authority

The EA HealthWell Hub is an interactive website providing EA employees with support, education and information on a wide range of topics as a way of improving overall staff health and wellbeing.
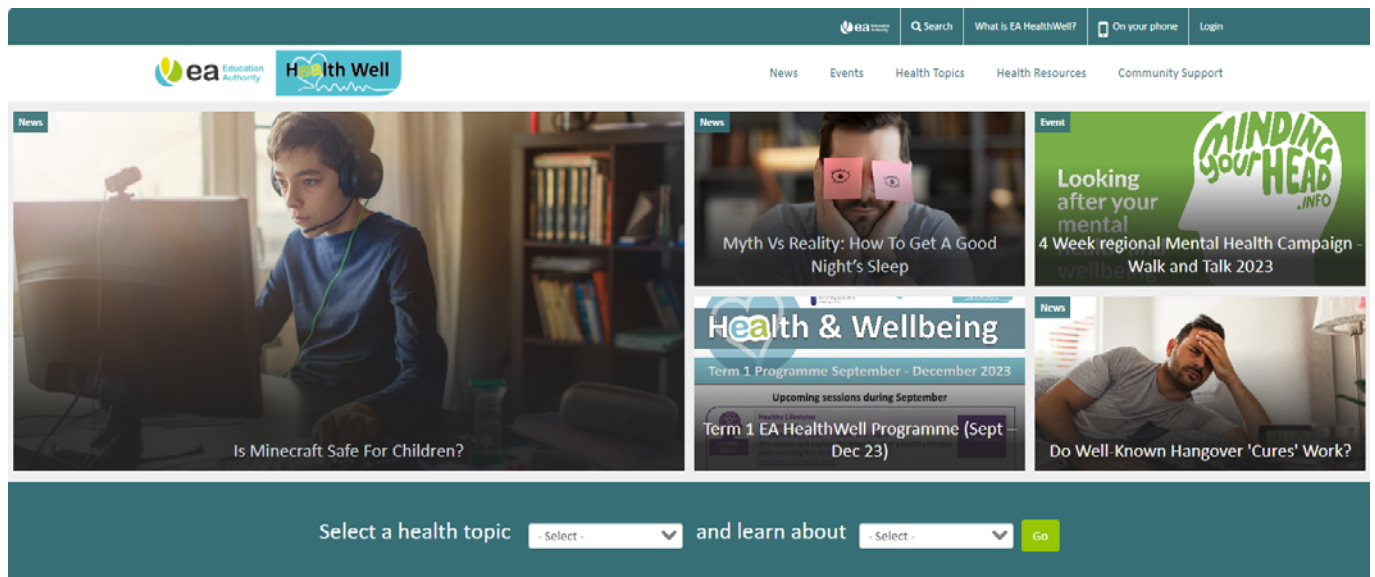
To further enhance employee wellbeing and improve relational connections the EA have developed a number of networks:

- Open Water Swimming Network – allows employees to explore the idea of open water swimming in a safe environment with expert advice and guidance from wildswim.ie

- Reading through Teams – encourages employees to connect with colleagues to discuss and share ideas for books

- Mental Health First Aid Network – EA have developed a network of Mental Health First Aiders from across the organisation (school based and non-school based). Furthermore EA have recently invested in training 4 members of staff to deliver accredited PHA Mental Health First Aid training. This will enable EA to provide in-house training and grow the network within our schools and services

All staff have access to free and confidential counselling provided by Inspire Therapeutic & Wellbeing Services. Employees can talk to someone trained to listen who can offer support, guidance and a fresh outlook.

HSC Regional Workforce Wellbeing Network

A further good practice example of a collaborative focus on staff wellbeing is the Regional Workforce Wellbeing Network which has representation from the majority of the 17 Health and Social Care organisations in Northern Ireland. This collaborative recognises that agencies who work to support distressed individuals can all face enormous stresses and pressure. Strategy 2022-2024 (hscni.net)

The Regional Workforce Wellbeing Network organised a regional webinar in 2023 with Dr Deborah Lee-A Compassionate approach to HSC Workplace Wellbeing webinar.

Forensic Managed Care Network

Findings from the COVID-19 Wellbeing Survey Time 5 Findings Version 2: May 2024 were discussed with the advisory group members, and the wider Forensic Managed Care Network membership (e.g. healthcare and custody group; research group). (Research conducted by: Dr Jessica Hassan, Dr Julie-Ann Jordan & Dr Clare Howie.)

Based on discussion recommendations included:

1. Assessment: There should be regular assessment of the main stressors faced by forensic staff in HSCNI roles (i.e. task related, organisational, external or personal) at regional and trust levels; this should also include an assessment of their wellbeing. Further research is needed to identify forensic staff groups at greatest risk of burnout (e.g. working hours patterns).

2. Skills: To prevent burnout, staff need to feel they are skilled, competent and able to do their jobs, and have had the right knowledge/skills training with support to apply skills learned. There should be robust and strong pathways to continued professional development for all staff and if possible target those in particular distress.

3. Supports: Staff need regular support via supervision, reflective practice and peer support, and additional support offered to staff post-incidents (e.g. SAIs).

4. Staffing: Staff may be particularly vulnerable to burnout when forensic services have staff that are on extended periods of leave (sickness/maternity); these circumstances may be particularly challenging for forensic services that involve small teams. Additional support is needed in these situations.

"A system cannot be truly trauma-informed unless the system can create and sustain a process of understanding itself. A program cannot be safe for clients unless it is simultaneously safe for staff and safe for administrators. Lacking such a process and despite well-intentioned training efforts, there will be no true system transformation..." -Sandra Bloom

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)

Amy Edmondson. 2019 - The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth

Bessel van der Kolk. 2015 - The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma

Bruce Perry. 2014 - Cost_of_Caring_Secondary_Traumatic_Stress_Perry

Karen Treisman - A spotlight in organisational trauma the system as the client StS_PT_A_spotlight_on_organisational_trauma_the_system_as_the_client_Final.pdf

Mac Lochlainn, J., Kirby, K., Mc Fadden, P., and Mallett, J. (2022) An evaluation of whole-school trauma-informed training intervention among post-primary school personnel: a mixed methods study. Journal of Child and Adolescent Trauma, Vol 15, 925-941.

Management standards for work related stress - What are the Management Standards for work-related stress? | Health and Safety Executive Northern Ireland (hseni.gov.uk)

Moral injury: the effect on mental health and implications for treatment - The Lancet Psychiatry

Mental health and trauma-informed practice: companion document

Quality Improvement Framework to Trauma Informed Organisations. Systems & Workforce in Scotland
Sandra Bloom. 2013 - Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care

Stephen W. Porges. 2016 - The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe

Victoria Williamson, Dominic Murphy· Andrea Phelps · David Forbes · Neil Greenberg Moral injury: the effect on mental health and implications for treatment Volume 8, Issue 6p453-455June 2021 - Search

Workplace Trauma and Trauma-Informed Leadership | Psychology Today

Focus Area Action Plan
Workforce Wellbeing

Start Date	Tasks	Actions	Lead	Completion Date	Comments

Safeguarding Board for Northern Ireland
HSC Leadership Centre
12 Hampton Manor Drive
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E: SBNI.info@hscni.net
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X: @safeguardingni