



An evaluation of the implementation and impact of the Trauma Informed Practice (TIP) Project (Year 3)

Executive summary

June 2021



Introduction and overview of the Trauma Informed Practice Project aims

The Trauma Informed Practice (TIP) project is a workforce development project that has been funded through the cross departmental funded Early Intervention Transformation Programme (EITP) the DoH Social Work Strategy and the Tackling Paramilitarism Programme and is housed in the SBNI. It was launched in 2018 and initially, in Years 1 and 2, the project was focused on widespread training of the workforce to increase awareness and knowledge of ACEs/Trauma principles and concepts and support application of these in practice. The project aimed to ensure that SBNI member organisations:

- ▶ Have an awareness of the adverse childhood experiences which may cause trauma in a child's life;
- ▶ Are aware of the potential impact of these adversities on the development of a child;
- ▶ Are able to identify what creates resilience to cope with adversity; and
- ▶ Are able to develop policies and practices to embed trauma informed practice in their work.

The project team have been continuing to work strategically across the system in the Year 3 to ensure that SBNI member agencies are supported to implement aim four of the project namely 'to develop policies and practices to embed trauma informed practice in their work'. This fourth objective is being delivered through the following sub-objectives:

- ▶ **Deepen collaboration:** SBNI will support cross-sectoral collaborative working and coordination to generate TI systemic approaches for those impacted by childhood adversity through the application of the Sequential Intercept Model (SIM);
- ▶ **Embed ACES/TI knowledge:** Organisations will embed Adverse Childhood Experiences (ACEs) and TIP knowledge across the system to improve outcomes for children, families and adults who have been impacted by adversity;
- ▶ **Develop organisational practice:** SBNI will work alongside organisations to translate knowledge and learning into strategic planning and governance for organisations and the system; and
- ▶ **Sustain workforce development:** SBNI will assist organisations and government departments to continue to develop their workforces to raise awareness of childhood adversity and trauma sensitive approaches to practice through leadership, policy and practice.

It is important to note that this work was delivered during the Covid-19 pandemic. The pandemic resulted in significant system-wide pressures with organisations having to respond rapidly to the changing needs of the public. This resulted in the re-deployment of staff in some organisations and the adaptation of service delivery to online methods for all of the organisations concerned.

SBNI worked with organisations to embed an ACE/Trauma Informed culture and practices using the Sequential Intercept Model (SIM) and Universal Service Design process (USD). The SIM model is a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change, in order to support individuals and families at the earliest stage. It is best used by a team of stakeholders that cross over multiple systems including Health, Social Care, Education, Justice, Housing, Services Users and the Community and Voluntary sector. The Universal Service Delivery (USD) process underpins the SIM model and enables organisations to comprehensively assess what is working well within current service provision and areas that could be enhanced/ improved. The assessment process helped organisations to identify potential risk and identify the quality and effectiveness of their response to the service user journey from entry through to the exit stage of the service. The process enabled organisations to clearly identify desired outcomes in relation to the service user journey from a trauma informed perspective and the barriers that needed to be addressed in order to meet them.

The SBNI has sought to embed a trauma informed approach through incorporating SAMHSA ten implementation domains and six key principles. These domains are the various areas in which organisations have focused their efforts to embed a trauma informed approach, for example, through leadership, commissioning and staff training and development.

In delivering the fourth aim above, the SBNI implementation managers have worked in-depth this year with a number of organisations to pilot the approach across five sectors to build the capacity of the workforce in their understanding of ACEs and trauma sensitive approaches to practice. These sectors were community and voluntary; education; health; social care and justice. In addition, the project team have also been working with a number of organisations in housing, local government and the faith sectors to support implementation activities.

The Covid-19 pandemic had a significant impact on initial delivery plans, but despite this, teams made significant progress in continuing to embed ACEs/trauma informed practices as detailed below.

Methodology

An outcomes-based accountability (OBA) approach has been used to deliver this evaluation study. A number of research activities were undertaken and these have provided the evidence presented in this report. This included:

- ▶ The compilation of two report cards to track the delivery and impact of the project on those who have received training and support. The report cards presented quantitative data in relation to the scale of activity delivered, the quality of delivery and the impact of the project on individual/personal outcomes as well as organisational/system-wide outcomes ;
- ▶ A data capture template for completion by implementation managers was also developed in order to document the richness and varied nature of the support that SBNI provided to organisations in relation to the implementation of the SIM/USD Process; and

- ▶ A series of 12 one-to-one/ group interviews with 25 interviewees across 12 organisations were undertaken. These organisations were chosen because of their high levels of engagement with the various aspects of the project and their desire to move their organisation towards becoming a trauma informed organisation. Interviewees included representatives from a range of sectors including health, community and voluntary, education and justice in order to gain a deeper insight into the implementation and embedding of the SIM/USD process. A range of representatives at different levels within the organisations were included, for example senior leaders, front line practitioners, staff working within learning and development training roles, in order that the organisation's journey and experience in embedding the SIM/USD process was fully explored.

Summary of findings and conclusions

A total of **5,364** participants took part in the workforce development activities, which is an increase from the previous year despite the impact of the Covid-19 pandemic. This included **2,631** participants who participated in facilitator-led training and support sessions via online delivery methods. In addition, **2,733** participants completed online e-learning sessions (including the Level 1 and Level 2 e-learning options and Solihull understanding trauma online course).

In addition to the formal training and support session, **23** project briefings and strategic meetings were undertaken with **341** individuals attending. In terms of sector breakdown of attendees at the various training and support sessions, representatives from the education sector account for the highest proportion of attendees (at 36%).

As well as the formal training and implementation support, **14** resources were produced to support participants learning and development including:

- ▶ Generic SIM-USD presentation - Applying a trauma (re)view across the system through the application of SIM/USD Processes;
- ▶ SIM-USD Case Study Material for a systemic application;
- ▶ SIM/USD awareness raising webinar recording;
- ▶ TIP Train the Trainer Programme: Appendix - Additional/ Complex Needs;
- ▶ TIP Train the Trainer Programme: Appendix - The impact of trauma for Refugees and Asylum Seekers;
- ▶ TIP Train the Trainer Programme: Appendix - Georgie's Wall of Need (Education sector);
- ▶ Open University Video input to support awareness of ACES and their impact among the student population;
- ▶ EA Special Education Needs Guidance and Resources;
- ▶ Schools booklet;
- ▶ Integrated Family Approaches Booklet and Electronic Version;
- ▶ Parent's Guide: COVID-19 What Just Happened?;
- ▶ Play Connects;
- ▶ Recording on ACEs, Trauma informed practice and system change for Ulster University; and
- ▶ Live recorded seminar for NISCC.

Overall, the TIP project performed well in terms of its scheduling performance with 98% of workshops/sessions scheduled taking place. Attendance rates were similarly high, with in excess of 99% of individuals registered for an activity actually attending.

In terms of the overall quality of support, it is evident from the interviews that organisations felt fully supported by SBNI to work at a pace commensurate with the various pressures they were experiencing; that stakeholders strongly believed that SBNI fully understood their sector and the context they worked in, and that the support provided was fully tailored to their needs.

In Year 3, Covid-19 has undoubtedly increased levels of trauma across society. With the rapid rollout of the vaccine, many organisations are cautiously optimistic of a return to 'business as usual' albeit with some changes, such as greater levels of online training and support. Given this backdrop, there will be a stronger than ever need for trauma informed practice to be at the heart of the recovery process across the system.

The pandemic itself has had a significant impact on the amount of time organisations could devote to applying the SIM/USD process and therefore the extent to which they could embed TI practice. Whilst all organisations have made progress in terms of delivering against one or more of the ten SAMHSA domains, delivering across a number of domains has been challenging within this context. Organisations acknowledged that SBNI were understanding in terms of taking into account the impact of the pandemic on their ability to deliver against plans that were set in early 2020. They also acknowledged the support provided by SBNI to keep delivery moving at a pace that organisations were comfortable with given the multiple demands on their time. The following points summarise the progress made by organisations against each of the sub-objectives.

Sub-objective 1: Deepen collaboration

Enable cross-sectoral collaborative working and coordination to generate TI systemic approaches for those impacted by childhood adversity through the application of the Sequential Intercept Model (SIM).

The TIP project continues to impact positively in terms of promoting collaboration at all levels, within organisations, across organisations and sectors. The development and use of a common language around ACEs/trauma were identified by all of the stakeholders as a positive and direct impact of the opportunities provided by the project to collaborate.

There were numerous examples of where the TIP project had facilitated collaboration and application of the SIM/USD model, for example, SBNI supported the restrictive practice project staff (a project within the Towards Zero Suicide pilot) with the operational knowledge of the SIM/USD process. As well as boosting participant's knowledge of the SIM/USD model, it also provided individuals with an opportunity to meet and collaborate with professionals from other teams.

In addition, there were rich and varied examples of where organisations were much more cognisant of the importance of joining up services and ‘knitting together’ the various intercept points so that individuals do not fall through the cracks of service provision and repeat their journey through the system. Some excellent examples were provided of joint-working protocols: the PSNI were working more closely with schools to alert them of potential domestic incidents that may have traumatised pupils and they are working more closely with the health trusts where health professionals provide support in custody suites. There were also examples of other organisations where joint operating protocols were becoming a more normal way of operating – for example between housing, justice and health care sector organisations.

This sub-objective has been mostly met, although more support may need to be provided to organisations so that they have the confidence to continue using the SIM/USD model.

Sub-objective 2: Embed ACES/TI knowledge:

Embed Adverse Childhood Experiences (ACEs) and TIP knowledge across the system to improve outcomes for children, families and adults who have been impacted by adversity.

Despite the Covid-19 pandemic, the scale of activity to embed ACEs/TI knowledge increased over the course of the last year. As indicated above, a total of 5,364 participants took part in the workforce development activities, including 2,631 participants who participated in facilitator-led training and support workshops/ meetings via online delivery methods. The balance of activities shifted from provision of ACEs/trauma training towards implementation meetings, as organisations take on more responsibility for delivery of their own training sessions. ACE/TIP exploratory sessions and SIM/USD Implementation meetings/workshops meetings accounted for 92% of all participants.

In terms of the impact of training on personal/individual outcomes, the training continues to have a positive effect on the development of knowledge, skills and confidence. Regardless of the type of training – Level 1, Level 2, or Train-the-Trainer – 88% or more of evaluation participants stated that the training improved their knowledge, skills and confidence. Whilst the Train-the-Trainer programme has fully equipped participants to be able to deliver their own training, and whilst they believed they have the support of their organisation, only 56% of respondents stated that there was a firm commitment to deliver three programme deliveries (which is the expected commitment for those organisations whose staff have been trained) and, even if the training did go ahead, the same proportion (56%) felt that they would lack the necessary administration support necessary to enable smooth delivery of the training.

An evaluation of the SIM/USD webinar revealed that it helped to improve knowledge, skills and confidence for about two-thirds of respondents. The interviews and focus groups sought to gather people's feedback on the SIM/USD process more generally. The findings showed that some stakeholders had initially struggled to understand some of the concepts and terms used, however the expertise of the SBNI implementation team helped to promote a clearer understanding of how the SIM/USD process works and how it could be applied within their context.

A number of interviewees had successfully adapted the SIM/USD process to their own context and could see the usefulness of it to other areas of work.

Given the scale of training and support delivered, this sub-objective has been met.

Sub-objective 3: Develop organisational practice:

Translate knowledge and learning into strategic planning and governance for organisations and the system.

In Year 3, the TIP project focused on supporting organisations to be able to develop policies and practices to embed trauma informed practice in their work. To further this aim, SBNI implementation teams supported organisations to make progress against this aim by embedding the SIM/USD process in their work alongside the ten SAMHSA domains. Significant progress has been made in particular domains despite the knock-on impacts of the Covid-19 pandemic which impacted on the amount of time organisations could devote to internal meetings.

Firstly, there is a strong and growing mandate and buy-in from senior leaders and managers for moving forward with embedding TI principles and practices in their organisation. Most interviewees talked about 'strong pockets' of support within particular directorates, departments or teams which have developed and deepened over the last year. Many of those interviewed were keen to continue to move the agenda further up accountability lines to achieve whole organisation endorsement and support to embed ACEs/TI concepts and practices across all teams and there is evidence of early success in this respect.

In terms of policy development, a number of organisations have begun the routine screening of policies to ensure ACEs/trauma language are built into those where it is appropriate to do so. Whilst organisations have welcomed the input of SBNI implementation managers to guide and facilitate this process this year, organisations recognised the need for this to be taken increasingly in-house to ensure sustainability.

This sub-objective has been met in terms of how far SBNI had intended to take organisations on the journey.

Sub-objective 4: Sustain workforce development:

Assist organisations and government departments to continue to develop their workforces to raise awareness of childhood adversity and trauma sensitive approaches to practice through leadership, policy and practice.

In Years 1 and 2, SBNI and partner organisations had delivered extensive amounts of face-to-face training and support opportunities to embed ACEs/TI principles and concepts in staff practices. In Year 3, the amount of training – in particular Level 1 ACEs awareness, Level 2 Developing Trauma Sensitive Approaches to Practice Training and Train-the-Trainer programme of professional development – has reduced. Organisations recognised the need to develop their own training offering and significant progress has been made by organisations which have built training and development opportunities into their staff induction programme. More widely, organisations have also included ACEs/TIP training and development opportunities into their training and workforce development plans. Enhanced linkages with learning and development departments, alongside extensive training opportunities (including e-learning), signifies a strong commitment to continue to sustain training opportunities in the future. In Year 3, the balance between embedding and self-sufficiency had tipped largely in favour of the latter. This has been supported, in part, by ensuring training was built into programmes of activities and embedded into coherent training delivery plans.

This sub-objective has been fully met and organisations were confident that they had the capacity to continue training their workforce.

Implications for ongoing project delivery

Clearly a lot has been achieved despite the negative impact of the pandemic. It was expected that the need for support would reduce significantly in Year 3 as organisations take on more responsibility for taking forward and continuing embedding the SIM/USD model. Organisations themselves recognised a need for them to take on greater levels of responsibility moving forward. They already have invested significantly in training and development of staff with large cohorts trained to deliver Level 1 and Level 2 training in their organisations, and there are ongoing and rolling programmes of training within organisations for those newly recruited. In most cases, therefore, the capacity is already at a sufficient level for it to be sustaining. In addition, there is an acknowledgement from interviewees that responsibility needs to pass from others to their own organisations (for example, in terms of screening new policies to make sure they are trauma informed).

The evaluation has pointed, however, to a continuing need for support in certain limited areas. This includes for example producing updates and/or summaries of contemporary research in ACE/trauma field and updating training manuals and other learning resources. In terms of the implementation of the SIM/USD model, it was recognised by interviewees that this requires a long-term commitment on the part of all stakeholders particularly as it was pointed out that change is an incremental process which takes considerable time in large organisations. There is still a continuing need for external support to further embed this model, given the impact of the pandemic on organisations ability to meet in person and fully implement this in their work.

The continuing and positive legacy of the Be the Change Programme (implemented in 2019/20) was mentioned by a large number of interviewees. It provided organisations with an opportunity to collaborate within and beyond their sectors and establish links that are continuing to be built upon and which would otherwise not have happened. A number of interviewees talked about the important role these contacts provided in terms of joining up strategies and policies across sectors and promoting greater levels of information sharing and joined up working. A follow up to this – focusing specifically on implementing the SIM/USD model - would greatly support continued efforts to maximise the benefits of cross sector collaboration and help to embed the principles underpinning the SIM/USD model by supporting organisations to enhance linkages along the various intercept points from when a service user comes in to the service system to when they leave.



Prepared by NCB on behalf of the
Safeguarding Board for Northern Ireland



**NATIONAL
CHILDREN'S
BUREAU**