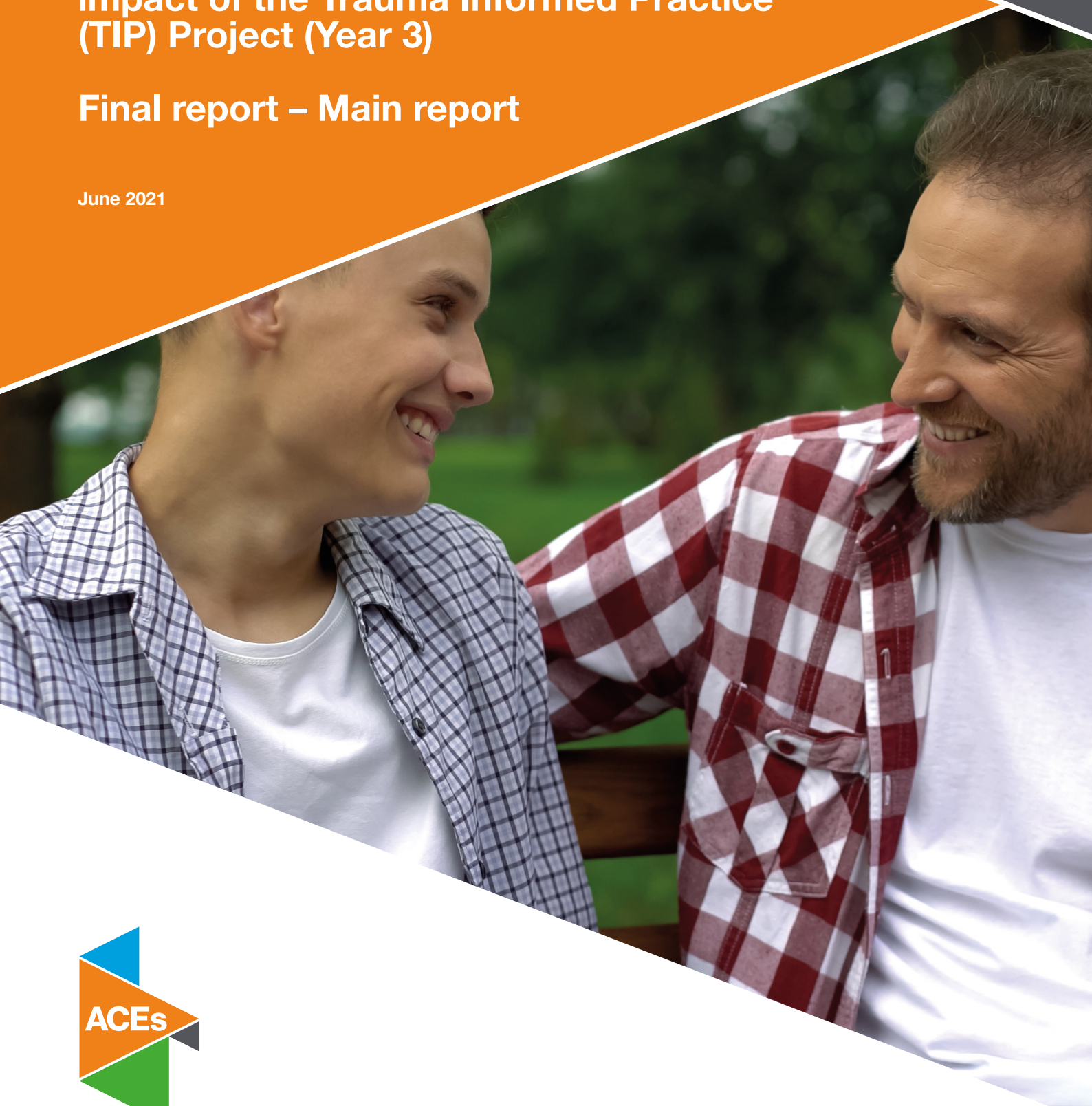
An evaluation of the implementation and impact of the Trauma Informed Practice (TIP) Project (Year 3)

Final report – Main report

June 2021



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CONTENTS

Introduction and approach

Origins of the EITP Trauma Informed Practice Project

On 2 April 2018, the Safeguarding Board for Northern Ireland (SBNI) formally launched the Trauma Informed Practice (TIP) Project. This workforce development project has been funded through the cross departmental Early Intervention Transformation Project (EITP the DoH Social Work Strategy and the Tackling Paramilitarism Programme and is housed in the SBNI. Initially, in Year 1 and Year 2 of the evaluation, 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 are continuing to working strategically across the system in the Year 3 of the evaluation to ensure that SBNI member agencies are supported to implement aim four of the project 'to develop policies and practices to embed trauma informed practice in their work'. This is being delivered through the following 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:*** Organisation 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.

In delivering against the above objectives, the SBNI continues to work within five sectors to build the capacity of the workforce in their understanding of ACEs and trauma sensitive approaches to practice. These sectors are community and voluntary; education; health and social care and justice. In addition, the project team are also working across housing, local government and the faith communities through its implementation activities.

The TIP project team supports the implementation of the project across the five sectors referenced above. The project team is comprised of a Project Lead, Project Manager and three Implementation Managers working across health, social care, education and the justice sectors. ASCERT were also commissioned to support the delivery of the remaining training and awareness raising across the community and voluntary sector in Northern Ireland, although their role has decreased significantly given that much of the TIP training was delivered in Year 1.

The EITP Trauma Informed Practice Steering Group is responsible to the SBNI Board for the overall direction and financial management of the project and it advises and supports the project team in the delivery of the project. The Steering Group continues to undertake a number of roles including to:

- Specify quality assurance and any other constraints with the Project Lead;
- Support the provision of the resources required to deliver the project and ensure delivery to a required standard;
- Ensure appropriate communication relating to the project takes place with relevant stakeholders;
- Provide guidance and direction to the project, keeping it within the agreed constraints;
- Ensure compliance with the EITP Programme Management requirements - where appropriate, approve change requests; and
- Approve End Project Report and Lessons Learnt Report.

Project enablement support

Prior to commissioning the evaluation in 2018, the SBNI contracted the National Children's Bureau (NCB) to provide project enablement services for the EITP TIP initiative. The purpose of this earlier work was to secure the buy-in and commitment of a range of stakeholders across the sectors prior to the roll out of the full suite of workforce development training and support programmes. The project enablement assistance involved undertaking a series of activities and included, amongst others A *Training Needs Analysis (TNA)* to help determine the current levels of knowledge and expertise about ACEs and trauma informed practice in Northern Ireland.

It identified three key components of cross system trauma informed practice implementation: workforce development (including training and staff safety and well-being); trauma focused services (appropriate screening and assessment and evidence-based treatment); and organisational change (including a range of factors, for example, the need for enhanced collaboration).

In addition, an *assessment of system change readiness in Northern Ireland* was undertaken. This drew on the experiences and learning from the Be the Change leadership programme participants - senior leaders from across Government departments and other organisations. The report provided an insight into the level of system change readiness in Northern Ireland to systemically embed trauma informed practice within leadership, culturally and at a service level. At a system level, the assessment of system change readiness found, amongst other things, strong organisational interest in developing a trauma informed culture, and that workforce and service

development would be the elements of system change readiness in most need of development[1]. In addition, a sector specific training needs analysis and stakeholder engagement events enabled the EITP Trauma Informed Practice Project Team to determine the learning and development needs across the sectors. From this, the project team designed a Level 1 ACE Awareness programme and Level 2 Developing Trauma Sensitive Approaches to Practice Training based on the knowledge across the workforce. The project team also co-designed elements of the training for organisations who benefited from sector specific content, for example, within policing and the education sector[2].

Evaluation of the TIP training and support in Year 1 and 2

The first and second year of the evaluation covered the period November 2018 to March 2020 and included within its scope all of the training and support developed and delivered by SBNI and partner organisations up to that point. The TIP project consisted of a number of elements of workforce development and training for identified professionals and volunteers across these sectors, including the following:

- Level 1 – ACE Awareness;
- Level 2 – Developing Trauma Sensitive Approaches to Practice Training;
- Level 3 – Train-the-Trainer (T4T) Programme of Professional Development;
- Be the Change Leadership Programme; and
- Solihull Approach Understanding Trauma online course.

Alongside the face-to-face and online training and support, SBNI commissioned or developed a suite of other resources to support the delivery of the TIP project. These resources included, amongst others, a series of training support tools and videos based on real life case studies and participation of service users to aid understanding of childhood adversity and trauma sensitive approaches. In addition, and to support increased levels of collaboration and efforts to disseminate knowledge of the project and best practices, a range of activities were undertaken including, for example, knowledge transfer sessions to a range of stakeholders to support and build organisation's capacity to deliver training and support to their own staff. The evaluation concluded that the TIP project had achieved three of its four aims in Years 1 and 2. The following summarise the key findings of the evaluation:

- ***How much did the TIP project do?*** 159 face-to-face training and support sessions were delivered to 3,626 individuals. In addition, 436 participants benefited from online learning. In addition, a range of other activities were undertaken, e.g. 26 knowledge transfer sessions to support organisations in their journey to become trauma informed organisations. This included two NI ACEs conferences attended by 274 representatives across a wide range of sectors.
- ***How well did the TIP project do it?*** Scheduling performance was high with 90% of planned

1 A copy of the system change readiness report can be found here: https://www.safeguardingni.org/resources/eitp-trauma-informed-practice-systems-change-regional-insight-report

2 A copy of the Regional Training Needs Analysis (TNA) can be found here: https://www.safeguardingni.org/sites/default/files/2020-11/Northern%20Ireland%20TNA%20Report%20%28Final%29.pdf

training and support sessions being delivered. In addition, attendance at sessions was high with 85% of those who had registered for sessions attending.

- ***Is anyone better off as a result of the TIP project?*** The TIP project achieved considerable impact on all target outcomes. For example, between 89% and 96% of those who completed Level 1 and Level 2 training reported an improvement in their knowledge of ACEs and trauma informed principles and concepts and in their understanding of how trauma impacts on the body physically, psychologically and behaviourally. Furthermore, between 85% and 93% of those who participated in the Level 1 and Level 2 training reported improvements in their ACEs/TI skills and their confidence in embedding this in their practice.

Overall, the first and second year of the evaluation established that in little over two years, significant progress had been made in developing a TI workforce in Northern Ireland. The foundations of knowledge, skills and practice were present with concrete plans underway for these to be strengthened. In Years 1 and 2, the fourth project aim of the TIP project – the development of policies and practices to embed trauma informed practice – had not been fully achieved, although some notable achievements have been made. It was recognised that this is a substantial area of work that requires a long-term commitment, momentum and implementation across the system.

Evaluation of Year 3 of the Trauma Informed Practice Project 2020-2021

Building on the foundations of Year 1 and 2 of the Trauma Informed Practice Project, this year's activities focused on expanding upon objective four of the project to sustain trauma responsive practice within organisations and across the system in Northern Ireland. This evaluation is seeking to understand the extent to which the following project objectives have been met:

- Enable cross sectoral collaborative working and coordination to generate trauma informed systemic approaches for those impacted by childhood adversity through the application of the SIM model;
- Embed ACEs and Trauma Informed Practice knowledge across the system to improve outcomes for children, families and adults who have been impacted by adversity;
- Translate knowledge and learning into strategic planning and governance for organisations and the system; and
- 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.

A wide range of activities were delivered to support the achievement of the above objectives including: Level 1 Ace Awareness, Level 2 Trauma Sensitive Approaches to Practice training, Train-the-Trainer programme, E-Learning modules for both the Level 1 and Level 2 and Solihull Approach 'Understanding Trauma'. However, the bulk of the support provided to support the implementation of the SIM and USD approach included TIP/ACEs exploratory sessions and SIM/USD implementation meetings.

SIM/USD Process & SAMHSA domains

In Year 3, the SIM/USD process alongside the SAMHSA Ten Implementation domains and 6 Key Principles have been utilised by SBNI to support organisations across the range of sectors identified above. 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.

The SIM model 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 sectors at the zero Intercept stage (i.e. before children and young people come into contact with a range of other organisations (e.g. the Courts Service)).

The SIM model provides a framework for these sectors to develop a comprehensive picture of how these vulnerable individuals and families flow through each of the sectors, enabling organisations within those sectors to map their current service provision and:

- Assess gaps in provision and identify where interventions are needed; and
- Transform fragmented systems by streamlining service delivery and reducing duplication.

The Universal Service Delivery (USD) process underpins the Sequential Intercept Model and this enables organisations to comprehensively assess what is working well within current service provision and areas that could be enhanced/ improved. The assessment process helps us to identify potential risk, the quality and effectiveness of our response to the service user journey from entry through to the exit stage of the service. The process enables us to clearly identify desired outcomes in relation to the service user journey from a trauma informed perspective and the barriers that need to be addressed in order to meet them.

Reflected within the USD process is SAMHSA's 10 implementation domains and six key principles which support the development of an organisation's trauma informed approach. The SAMHSA domains require organisations to think of their: governance & leadership; policy; physical environment; engagement & involvement of service users; cross sector collaboration; screening & assessment; training & workforce development; monitoring & quality assurance; finance; and evaluation of impact.

Approach to the evaluation

NCB was commissioned to undertake this evaluation given their knowledge of the sector and experience of using Outcomes Based Accountability as a framework for understanding impact of projects, programmes or service. NCB has been supporting a wide range of organisations in the public and community and voluntary sector organisations over a number of years to enable them to collect meaningful impact data and present it in meaningful ways.

OBA asks three questions that a project, programme or service that can be addressed by the collection, collation and reporting of impact data. These are:

- ***How much did we do?*** This is about quantifying the scale of activity undertaken, i.e. what activities are being delivered and to whom?
- ***How well did we do it?*** How do we know that the activities delivered (e.g. training/online support) have been to a high quality? What are the elements of quality that we're going to measure (e.g. attendance at workshop sessions).
- ***Is anyone better off?*** What has the impact been? How have the lives of those who have accessed support improved? This could include improvements in knowledge and skills; shifts in attitudes and opinion; changes in behaviours or improvements in circumstances.

The following points summarise the methodology used in Year 3 to undertake the research and evaluation:

- **Development of OBA report cards to communicate progress:** A total of two report cards were compiled for this project in Year 3 to track the delivery and impact of the project on those who have received training and support. A range of evaluation questionnaires developed used in Years 1 and 2 were administered to participants who engaged in the various aspects of the TIP project in Year 3[3]. These evaluation questionnaires were informed by, and mapped to, the overall aims and content of the individual training and support packages[4]. In addition, the report cards drew on two additional sources of data including a Train-the-trainer impact survey 2020 of those who had participated in the train-the-trainer programme in 2019 and 2020. In addition, the report card contains evaluation data for a webinar that SBNI delivered to sector leaders in order to embed the SIM/USD process within their organisational systems and processes.
- **Data capture template for completion by implementation managers**: In order to document the richness and varied nature of the support that SBNI provides to organisations in relation to the implementation of the SIM/USD process, a data capture template was developed by NCB for completion by implementation managers. This document enabled implementation managers to reflect on, and document, the projects they supported including details such as a description of the type of activities undertaken by SBNI to support the organisation(s); an account of what has worked well / did not worked well; key achievements; and future planned activity. In addition, it was structured under the ten SAMHSA domains, enabling implementation managers to note the progress of organisations in one or number of these domains (e.g. governance and leadership).
- **Qualitative interviews/focus groups:** 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 to becoming a trauma informed organisation. Interviewees included, for example, 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

3 These questionnaires are contained in Appendix 2.

4 Copies of the evaluation forms can be found at the following: Level 1 Evaluation form: https://www.safeguardingni.org/resources/level-one-ace-awareness-evaluation-form and Level 2 Evaluation: https://www.safeguardingni.org/resources/level-two-ace-awareness-evaluation-form

embedding of the SIM/USD model. 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. Each session lasted c. one hour. A topic guide was developed to structure the discussions which was closely aligned to the SAMHSA domains to understand the extent to which organisations had made progress in embedding one or more of the following ten domains: Governance & Leadership; Policy; Physical Environment; Engagement & Involvement; Cross Sector Collaboration; Screening & Assessment; Training & Workforce Development; Monitoring & Quality Assurance; Finance, and Evaluation. For most of the interviews/focus groups, only a small number (generally 3-4) of these SAMHSA domains were explored in detail – those which were a particular focus of the organisation.

Table 1: Stakeholder interviewees by organisation and sector

Organisations	Sector	No. of interviewees
Belfast Health and Social Care Trust (BHSCT)*	Health & Social Care	5
South Eastern Health & Social Care Trust		
Youth Justice Agency (YJA)	Justice	4
Police Service for Northern Ireland (PSNI)/ Support Hubs		
Salvation Army	Community & Voluntary Sector	3
Roddensvale School (Pilot)	Education	11
Queen's University Belfast (QUB) / BHSCT Nursing Pilot		
Controlled Schools Support Council		
Education and Training Inspectorate (ETI)		
Education Authority (EA)		
Armagh, Banbridge and Craigavon BC & Newry, Mourne and Down District Council	Council	1
Northern Ireland Housing Executive (NIHE)	Housing	1
Total		**25**

* A number of collaborations have been established across various sectors. For example, the Clinical Education Centre has formal collaboration arrangements with various Health and Social Care Trusts and the Public Health Agency.

Structure of this report

This report is a summative evaluation of the Trauma Informed Practice (TIP) project in Year 3. It comprises a summary of the quantitative implementation and impact data along with the rich qualitative findings from the implementation managers and stakeholder consultations.

Synthesising the findings from the quantitative and qualitative data, this report concludes with implications for the continued embedding and sustaining of Trauma Informed Practice across the workforce in NI. The remainder of this report presents the key findings under the following headings:

- How much did TIP project deliver? This is about the scale of training and implementation support activity delivered;
- How well did the TIP project deliver it? This is about the uptake/attendance of training and support sessions offered
- Is anyone better of as result of the TIP project? Impact on organisation/system-wide outcomes. This section of the report looks at the organisational/system-wide impacts of the project and how organisations have applied the SIM/USD process using the ten SAMHSA domains.
- Is anyone better off as a result of the TIP project? Impact on personal/individual outcomes. This section looks at the impact (e.g. on knowledge and skills) of the activities delivered by SBNI and partner organisations on individuals who participated in the range of activities delivered.
- Conclusions and implications for on-going project delivery.

1.
How much did the TIP project do?

1. How much did the TIP project do?

Introduction

This section of the report provides detailed information on the range and scale of activities delivered by SBNI and its partner organisation, ASCERT, in Year 3. Given the extensive amount of training delivered in Years 1 and 2, the focus of activities in Year 3 was on intensive implementation support to embedding TIP through use of the SIM/USD models. This support was provided to a range of key organisations across sectors.

Overview of TIP activity

- 5,364 participants took part in the workforce development activities and of these:
  - 2,631 participants took part in facilitator-led training and support workshops/ meetings via online delivery methods; and
  - 2,733 participants completed an online e-learning course or online module.
- In terms of the facilitator-led training and support:
  - 2,485 participants attended the ACE/TIP exploratory sessions and SIM/USD Implementation meetings/workshops meetings and accounted for 92% of all participants; and
  - 196 participants attended Level 1, Level 2 and Train-the-Trainer (T4T) workshops accounting for 8% of all participants.
- In terms of the e-learning options, 1,382 registered for the Level 1 e-learning option, 966 for the Level 2 e-learning, and 895 for the Solihull understanding trauma online course.
- 23 project briefings and strategic meetings were undertaken with 341 individuals attending.
- A range of resources were produced to support participants learning and development including, for example, Open University Video to support awareness of ACES and their impact among the student population.

Training and support facilitated via online delivery methods

Scale of delivery

Overall, a total of 5,364[5] participants took part in the workforce development activities delivered by the EITP TIP project team and its community and voluntary sector delivery partner, ASCERT. Of these, training and support workshops were provided to 2,631 participants via online delivery methods given the restrictions to face-to-face delivery necessitated by the Covid-19 pandemic. The activity with the highest number of participants was the ACE/TIP exploratory sessions[6] which were attended by 1,249 participants representing almost half (47%) of all participants. This was followed by SIM/USD implementation meetings/workshops attended by 1,196 participants (45%).

5 It is important to note that an individual can be counted as more than one participant if they attended more than one of the workshops or events delivered by SBNI or Ascert.

6 These sessions shared general information on the TIP project and key ACEs/TI language/terminology alongside details of the underpinning SIM/USD model.

Table 2: No. of participants trained or supported via online sessions facilitated/led by SBNI

Activity/training	No. of participants in Year 3	% of participants In Year 3
ACE/TIP exploratory sessions	1,249	47%
SIM/USD Implementation meetings/workshops	1,196	45%
Level 1 – ACE Awareness	44	2%
Level 2 – Developing Trauma Sensitive Approaches to Practice	80	3%
Train-the-Trainer (T4T) Programme of Professional Development	62	2%
Total	**2,631**	**100%***

Source: SBNI attendance records collated by NCB.
* Totals may not sum to 100% due to rounding

In total, 2,733 participants completed an online e-learning course/module. Over one-half (51%) of those who completed an e-learning option, completed the Level 1 e-learning module, followed by the Level 2 e-learning module (35%). These findings are illustrated in Table 3 below.

Table 3: No. of participants who completed an e-learning course/module

E-learning	No. of participants in Year 3	% of participants in Year 3
Solihull Understand Trauma online course	385	14%
Level 1 e-learning	1,382	51%
Level 2 e-learningw	966	35%
Total	**2,733**	**100%***

Source: SBNI attendance records collated by NCB.
* Totals may not sum to 100% due to rounding

Participant profile

A profile of attendees will be provided by sector across the various levels of training and support is provided below in Table 4. Over one-third (36%) of attendees on the various training and support sessions were from the education sector, followed closely by just over a quarter (27%) were from the health and social care sector. The proportion of attendees from each sector varied significantly across the types of training/support provided. For example, participants from the health and social care sector accounted for 38% of all attendees for the ACE/TIP exploratory session, but only 8% for the TIP implementation support meetings.

Table 4: Profile of attendees by level of training and by sector[7]

Sector	***% attendance***					
	ACE/TIP exploratory sessions	***SIM/USD Implementation support meetings***	***Level 1***	***Level 2***	***T4T***	***Total***
Education	46%	26%	5%	55%	24%	**36%**
C&VS	4%	27%	54%	11%	2%	**15%**
Justice	11%	8%	2%	0%	0%	**9%**
HSC	38%	17%	2%	15%	27%	**27%**
Other	2%	22%	36%	19%	47%	**14%**
Total	100%	100%	100%	100%	100%	**100%***

Source: SBNI attendance records collated by NCB.
Totals may not sum to 100% due to rounding

Project briefings and strategic meetings

In total, 23 project briefings and strategic meetings were undertaken with 341 attending. These included, amongst others, briefings to the EITP TIP Steering Group, Strategic Steering Group for TIP and the SBNI Board. The overall purpose of many of these briefings was to provide an update on project progress and plans for future delivery.

7 This training only includes that delivered directly by SBNI and its partner delivery organisation, ASCERT. It does not include any training delivered internally by the organisations themselves.

Table 5: Project meetings and strategic briefings undertaken

Project briefings and strategic meetings	No. meetings	Avg. attendance per meeting	Total attendance
EITP TIP Steering Group	5	17	87
Strategic Steering Group for TIP	3	18	54
SBNI Board	2	27	54
5 Nations Government ACE forum	1	25	25
4 Nations Public Health Forum	4	14	57
4 Nations Public Health Forum Conference part hosted and funded by SBNI	5	700	700
CAWT MACE Project	6	7	42
Interim Commissioner for Mental Health	1	6	6
Implementation group meeting	1	16	16
Total	**23**	**15**	**341**

Source: SBNI attendance records. The above do not include SIM/USD implementation sessions.

Supporting resources

SBNI, alongside a range of other organisations, produced a range of resources to support organisations embed ACEs/TI principles within policies, procedures and practices. These are illustrated in Table 6 below.

Table 6: Resources developed

Resource type	Description
SIM/USD implementation guidance	
▶ Generic SIM-USD presentation - Applying a trauma (re)view across the system through the application of SIM/USD Processes	▶ A standard PowerPoint presentation was developed and promoted across the sectors to ensure a consistent approach in understanding the SIM/USD process and their application in promoting the 10 SAMHSA domains and 6 key principles, which support the development of a trauma informed organisation. ▶ This presentation supported the sectors to - Assess available resource. - Determine gaps in service provision. - Transform fragmented systems. - Avoid duplication of services.
▶ SIM-USD Case Study Material for a systemic application	▶ Sarah's Story' (video training tool); This was developed to strategically and operationally map the SIM/USD process to the entry and exit journey of a vulnerable young child. The case study highlighted the risk/implications and impact on the physical and psychological wellbeing of a potential child, in the absence of an ACE aware/trauma sensitive and informed approach, within the health /social care /education and justice sectors and across the system.
▶ SIM/USD awareness raising webinar recording	▶ The EITP TIP Project in partnership with the HSC Leadership Centre hosted and recorded a trauma informed webinar. This webinar brought together representatives from across the health, social care, justice, education, community voluntary, housing and local government sectors to enable cross system learning. ▶ This webinar event introduced an evidenced based methodology SIM/USD Process to enable and support organisations to progress a trauma informed agenda through: - assessing effectiveness of current ways of working and areas that could be identified for improvement/ development; - Facilitating discussions that looked at opportunities within and across organisations to strengthen collaborations and reduce duplicated efforts; and - Considering cross system learning and the collective leadership approach necessary for system transformation. ▶ This recorded webinar was made available to all participants in attendance on the day and to all those who participated in the 'Be the Change' Leadership programme as a tool for enhancing and developing their organisational trauma journey.

Resource type	Description
Training and support materials	
▶ TIP Train the Trainer Programme: Appendix - Additional/ Complex Needs	▶ This appendix was developed in partnership with HSC and EA and was included in Level 2 training. The content challenges the practitioner to consider additional difficulties and vulnerabilities children with complex or special educational needs, and their families may experience, encouraging through a trauma informed approach the practitioner to consider how children and their families can best be supported. This appendix is accompanied by short case study examples.
▶ TIP Train the Trainer Programme: Appendix - The impact of trauma for Refugees and Asylum Seekers	▶ This resource was developed in partnership with EA. The resource asks the practitioner to reflect on additional ACE's and traumatic experiences Refugee and Asylum-Seeking Families may have experienced before, and during, settling in Northern Ireland. Through an evidence-based approach it asks practitioners to consider how using a trauma informed approach and appreciating cultural diversity these family's needs can be supported.
▶ TIP Train the Trainer Programme: Appendix - Georgie's Wall of Need (Education sector)	▶ A fictitious case study example reflecting on the life experience of an 11 year-old girl, asking practitioners to consider the various needs that have not been effectively supported throughout her life to date. ▶ The exercise challenges participants to consider through a trauma sensitive approach, differences that can be made to support previously unmet needs, in turn supporting child's sense of resilience, emphasising the importance of early intervention and the importance of available and sensitive approaches from caring adults.

Resource type	Description
▶ Open University Video input to support awareness of ACES and their impact among the student population	▶ The SBNI has developed a video which accompanies the Open University 'Engaging with Children and Young People' programme. The SBNI video recording promotes an understanding of: - What Adverse Childhood Aces are; - Why it is important to understand ACEs; - What kind of evidenced based approaches should be used to support children and young people affected by ACEs; and - An exploration of the potential risks with some of the approaches used to address ACEs. ▶ This Open University free online course is open to anyone who wants to explore and understand effective ways of engaging with children and young people, particularly those who are vulnerable.
▶ EA Special Education Needs Guidance and Resources	▶ Policy and guidance developed in partnership with EA to support the social and emotional well-being of children and young people with special educational needs. It was published and hosted on Department of Education portal as well as EAs Teaching and professional learning portal.
Other	
▶ Schools booklet	▶ This is currently underway and will reflect on development of TI schools, their journey to date using developing pilots as a working model to demonstrate complexity and investment from multiple stakeholders required to support this development. It is anticipated to be completed in September 2021 with commentary from CSSC, CCMS, EA and ETI.
▶ Integrated Family Approaches Booklet and Electronic Version	▶ This leaflet is designed to illustrate current models and approaches (e.g. Signs of Safety process) which are being used in the statutory, community and voluntary sectors in Northern Ireland to support families who may be experiencing the impact of trauma. They can complement each other and be integrated to inform a practitioner's 'tool kit'.
▶ Parent's Guide: COVID-19 What Just Happened?	▶ Interactive e-book developed to support parents during lockdown. The booklet was developed in partnership with Playboard, Parenting NI and BHSCT. It provides a practical and facilitative learning process to assist parents, carers, children and adolescents deal with stress and manage anxiety in response to additional impact COVID 19 has placed on families.

Resource type	Description
▶ Play connects	▶ In partnership with Playboard, this resource was produced to promote the importance of play to assist children and adolescents manage anxiety emphasising the importance of play in regulating stress. It is awaiting publication.
▶ University of Ulster Social Work final year resources	▶ Recording on ACEs, Trauma informed practice and system change for Ulster University
▶ NISCC seminar	▶ Live recorded seminar for NISCC

NOTE: For more information on the range of resources produced by SBNI and partner organisations, please go to: https://www.safeguardingni.org/aces-and-trauma-informed-practice/resources.

Summary

Overall, a wide range of activities were undertaken in Year 3 to support the continued implementation of the TIP project. 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. Support has shifted significantly away from delivery of the Level 1, Level 2 and Train-the-Trainer and towards SIM/USD implementation support with ACE/TIP exploratory sessions and SIM/USD Implementation meetings/workshops meetings accounted for 92% of all participants. The online learning accounted for over one-half of those who participated in workforce development activity with 2,733 participants completed an online e-learning course/ module. In addition to the formal training and support session, 23 project briefings and strategic meetings were undertaken with 341 individuals attending.

As well as the formal training and support, a range of resources were produced to support participants learning and development including:

- A 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
- A live recorded seminar for NISCC.

2.
How well did the TIP project do it?

2. How well did the TIP project do it?

Introduction

The purpose of this section is to provide an analysis of the quality of delivery of the TIP project in year 3. The analysis draws data from SBNI and partner organisation attendance records and looks at project scheduling performance and attendance rates at the various training and support sessions delivered. It is important to note that this section draws on both quantitative and qualitative data from the evaluation forms for the training and support sessions and also the qualitative feedback from the stakeholder interviews/focus groups.

Project scheduling performance

Table 7 below illustrates a summary of the project scheduling performance, i.e. the extent to which the sessions planned for delivery were undertaken. Overall, the vast majority (98%) of sessions planned were actually delivered in Year 3 and 242 of the session planned went ahead of the 246 sessions planned. Level 1 ACEs awareness and TIP Train-the-Trainer Programme of Professional Development both had scheduling rates of 100% with no cancelled or postponed sessions.

Table 7: Project scheduling performance

Activity/training	No. of sessions planned	No. of sessions undertaken	% of sessions undertaken
SIM/USD implementation workshops	178	177	99%
ACE/TIP inputs/exploratory sessions	43	41	95%
Level 1 ACE Awareness	5	5	100%
Level 2 Developing Trauma Sensitive Approaches to Practice	11	10	91%
TIP Train-the-Trainer Programme of Professional Development	9	9	100%
Total	**246**	**242**	**98%**

Source: TIP Project attendance records

Attendance rates

Attendance rates at training and support sessions remain very high with overall in excess of 99% of those individuals registered attending. An attendance rate in excess of 100% was registered for ACE/TIP inputs/exploratory session with more individuals attending that SBNI had expected. The Level 1 ACEs Awareness had the lowest attendance rate at 62%, however it is important to note that the scale of this and other types of training has reduced in Year 3 as organisations take on more responsibility for delivering this training internally to their own teams.

Table 8: Average attendance rates

Activity/training	No. of individuals registered	No. of individuals attending	Average % attendance
SIM/USD implementation workshops	1,196	1,196	100%
ACE/TIP inputs/exploratory sessions	1,205	1,249	100%
Level 1 ACE Awareness	71	44	62%
Level 2 Developing Trauma Sensitive Approaches to Practice Training	89	80	90%
TIP Train-the-Trainer Programme of Professional Development	73	62	85%
Total	**2,634**	**2631**	**>99%**

Individuals who participated in the Level 2 Trauma Sensitive Approaches to Practice training and Train-the-Trainer Programme of Professional Development provided feedback on the quality of the training they had received including the quality of the facilitation, content and resources to support ongoing learning and development.

The feedback illustrates in relation to the Level 2 training there were high levels of satisfaction with how the sessions were facilitated – in particular, participants felt that the use of anecdotes and examples helped to bring the training to life. In addition, participants also felt that the course built upon the Level 1 ACEs awareness course and added value to what they had already learned. In relation to the Level 3 training, participants felt that the training fully equipped them with the skills and techniques to enable them to deliver their own training workshops.

Table 9: Qualitative evaluation feedback on Level 2 Trauma Sensitive Approaches to Practice Training and Train-the-Trainer Programme of Professional Development

Activity	Evaluation feedback
▶ LEVEL 2 - Trauma Sensitive Approaches to Practice Training	▶ *"The trainer was very knowledgeable and had very helpful anecdotes and personal examples that helped illustrate his points."* ▶ *"[The trainer] delivered this training in a clear, concise and relatable manner."* ▶ *"Today's training provided me with a good recap and overview of ACEs awareness and more detail on trauma sensitive approach to practice, and reiterated to me the importance of building on my knowledge of ACEs and working in this way. I am very much looking forward to completing the T4T course and doing further reading around the area in order to help promote and support clients and services users in practice."* ▶ *"Really found this level 2 course built upon the first level. It was fascinating [and the facilitator] was very good at bringing everyone into the conversations. I actually learnt a lot today, not alone about ACEs but also about myself too and what I do and how I can make those small changes. Would recommend everybody does these courses."*
▶ Trainer-the-Trainer Programme of Professional Development	▶ *"The course resources provide excellent information and places to go to for further reading. I would also feel comfortable phoning SBNI if I had a query/needed specific information/guidance."* ▶ *"Looking at the behaviour from a trauma informed lens is transformative not only for our approach but also for the outcomes we can potentially achieve for service users."* ▶ *"The most valuable thing I learnt today is the importance of adapting to the challenge of delivering the programme to diverse professional groups with differing interest in, and knowledge of, trauma and its impact."* ▶ *"The advice from the trainers around delivering the material to groups was valuable. Preparation and knowing the audience were useful pieces of advice for taking this forward."*

Interviewees also fed back on the quality of support they received as part of the SIM/USD implementation workshops. Given these unprecedented circumstances, all of the interviewees appreciated the flexibility and support provided by SBNI throughout, which helped to keep organisations engaged and moving at a pace commensurate that was sustainable as demonstrated by some of the quotes below.

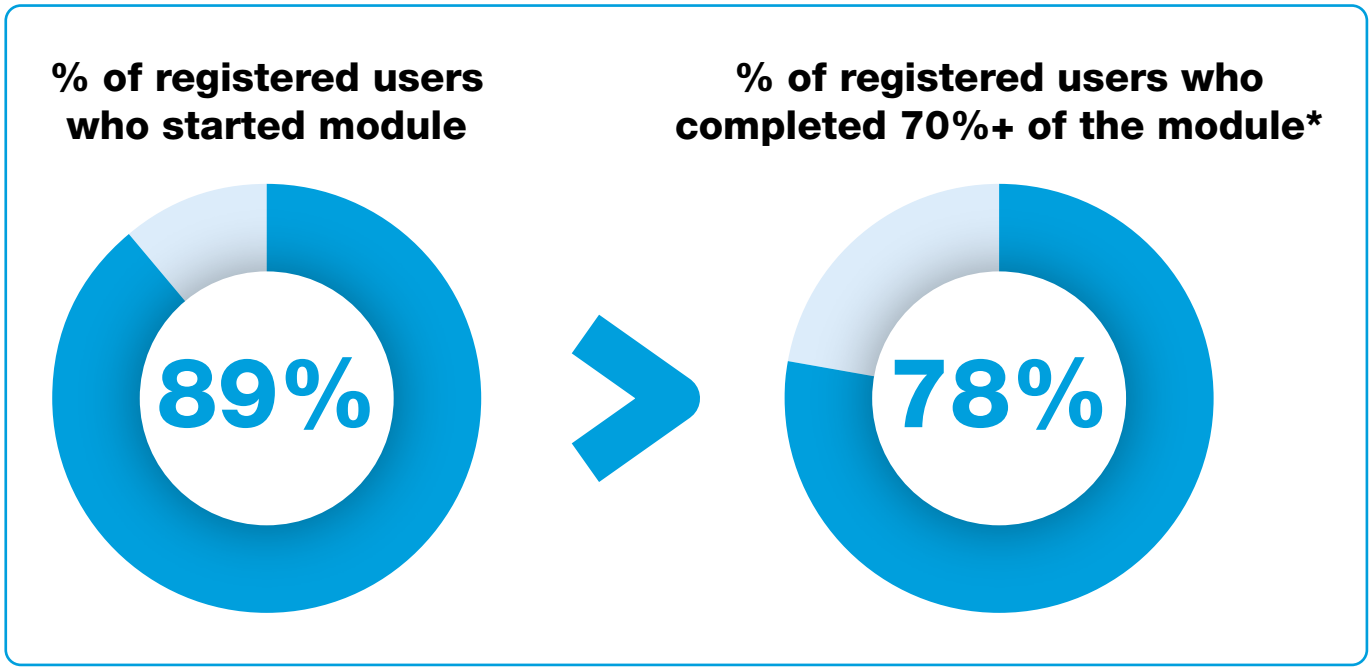
"[SBNI] was very flexible and were happy to do things that were technically last year's activities, rather than saying no, it's just SIM/USD and that's it."

"…Because of our Covid response, we had other priorities. If it wasn't for the support of SBNI, we would probably be in a situation where this might be off the radar for another few months."

In addition to the above, 895 individuals registered for the Solihull Understanding Trauma online course in Year 3 and a total of 1,199 registered for this course since it first became available.

As is illustrated below, of these, 89% of registered users commenced the course and 78% completed at least 70% or more of the course content. Further, almost all (96%) of those who completed the training stated that they would recommend it to their colleagues.

Figure 1: Registration and progression rates for Solihull Understanding Trauma online course



Summary

Overall, the TIP project performed well in terms of its scheduling performance with 98% of workshops/sessions scheduled taking place. Scheduling ranged from a minimum of 91% for the Level 2 Developing Trauma Sensitive Approaches to Practice Training to 100% for the Level 1 ACEs Awareness and TIP Train-the-Trainer Programme of Professional Development.

Attendance rates were similarly high, with in excess of 99% of individuals registered for an activity actually attending. SIM/USD implementation workshops and ACE/TIP inputs/exploratory sessions had the highest attendance rates at 100%, with more people attending the latter activity than had registered.

Qualitative feedback – specifically for the Level 2 and Train-the-Trainer training workshops indicated a high level of satisfaction with the facilitation, content of the sessions and resources provided by SBNI and partner organisations as illustrated in the range of feedback provided.

> *"Really found this level 2 course built upon the first level. It was fascinating [and the facilitator] was very good at bringing everyone into the conversations. I actually learnt a lot today, not alone about ACEs but also about myself too and what I do and how I can make those small changes. Would recommend everybody does these courses."*

> *"Looking at the behaviour from a trauma informed lens is transformative not only for our approach but also for the outcomes we can potentially achieve for service users."*

More broadly, throughout Year 3 it is evident from the stakeholder interviews/focus groups 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.

3.
Is anyone better off? The impact of TIP on *organisation/system wide outcomes*

3. Is anyone better off? The impact of TIP on *organisation/ system wide outcomes*

Introduction

This section of the report will examine the impact of the TIP project on organisation and system-wide outcomes. The evidence presented below comes from two main sources, namely: implementation reviews completed by implementation managers and interviews and focus groups with a range of organisations that have agreed to embed trauma informed principles across their organisation using the SIM/USD process and associated SAMHSA implementation domains for organisational change and trauma informed principles.

This section of the report:

- Describes the pilot projects being supported by SBNI across the various sectors and their priorities for Year 3;
- Document the impact of the Covid-19 pandemic and how it has impacted on organisations ability to make progress against those priorities;
- Illustrate the progress made in relation to each of the 10 SAMHSA implementation domains; and
- Highlight the key successes in Year 3 and what has worked well and why alongside any ongoing challenges experienced by organisations.

Pilot projects supported by SBNI

In order to advance the project in Year 3, SBNI identified a number of key organisations across the various sectors that it provided targeted support to enable them to begin implementing and embedding the SIM/USD model. These included organisations across health and social care; the community and voluntary sector; education; justice and local government. All of these organisations have been heavily involved in the TIP project with significant numbers of their staff attending the various training and support workshops hosted by SBNI and ASCERT. In addition, many of the individuals with responsibility for deepening TI principles and concepts in their organisations have themselves attended training and/or participated in the Be the Change Leadership Programme.

Health and Social Care

Within the health and social care sector, SBNI is working with the Belfast health and Social Care Trust and the Northern Health and Social Care Trust specifically, but is also working with all of the health and social care trusts via the Towards Zero Suicide regional project. Table 10 below illustrates the strategic priorities for the pilots within the health and social care sector and as can be seen a major focus is on deepening leadership and governance arrangements to embed TI principles and concepts within and across organisations, cross-organisational and cross-sector collaboration and building workforce training and development capacity.

Table 10: Health and Social Care sector – Key priorities for Year 3

Pilot projects	Key priority areas
Belfast Health and Social Care Trust	▶ Workforce development and training, governance and leadership across all service directorates. ▶ Understanding and strengthening cross sector collaborations to support vulnerability. ▶ Enabling trauma sensitive responses within various pilots including: HR and OD (organisational development); Homeless Health Service; senior management; policy screening, Staff wellbeing: inclusion of compassionate approaches incorporated into Staff and Culture strategy and Belfast Recovery College. ▶ Development of pilot for newly qualified nurses with QUB/CEC HSC.
Northern Health and Social Care Trust	▶ Workforce development strategy and training plan across all service directorates. ▶ Develop trauma sensitive policy and guidelines across NHSCT including a communication strategy.
Health & Social Care –Towards Zero Suicide (all Trusts)	▶ Promote via a regional forum application of the USD process to all restrictive practice within psychiatric acute inpatient care underpinned with a trauma aware/sensitive response. ▶ Progress further Towards Zero Suicide – SE Trust Pilot. ▶ Governance & Leadership -Service Lead for Acute Care. ▶ Review acute inpatient service delivery of acute inpatient ward via application of USD Process. ▶ Establish baseline (assessment tool) and undertake an evaluation of the Pilot. ▶ Agree implementation plan inclusive of measurable data and outcomes for evaluation of pilot. ▶ Implement workforce development SBNI level 1 and 2 across acute inpatient care. ▶ Implement best practice into all mental health service provision (SE Trust).

Community and Voluntary Sector

Table 11 below illustrates the key priorities for Year 3 for the community and voluntary sector organisations who were supported by SBNI. A key aspect of the support is embedding the ACEs/TI language in their service areas and embedding a SIM/USD approach within their practices. A number of the projects have a focus on workforce training and development and one of the project's priority areas was in relation to enhancing the physical environment for service users.

Table 11: Community and Voluntary Sector - Key priorities for Year 3

Pilot projects	Key priority areas
Salvation Army	▶ Trauma sensitive service delivery approaches through the application of the SIM/USD process within Centenary House homeless people's services and Thorndale Family Services including workforce development and wellbeing, policy screening and physical environment.
Faith sectors	▶ Inclusion of trauma sensitive approaches within strategic plans, workforce development and specialist services
East Belfast Community Dev. Association	▶ Trauma sensitive approaches to practice within East Belfast Resilience Strategy.
Bogside & Brandywell Health Forum	▶ Understanding trauma sensitive approaches within practice through application of SIM/USD processes.

Education

Priorities for the education sector include a mix of enhancing the sustainability of staff training and development within education sector organisations and promoting staff health and well-being. In addition, a significant aspect of the work to support the education sector has involved the development of schools and FE pilots to embed TI concepts, principles and practice within how they work with children and young people. These priorities are further detailed below in Table 12.

Table 12: Education Sector - Key priorities for Year 3

Pilot projects	Key priority areas
Education	▶ Enhancing existing/new emotional health & wellbeing policies and practice. ▶ Workforce development & training to sustain ACE/TIP within the sector. ▶ Policy Development to enable TI whole school approaches. ▶ Enhance current monitoring, assessment and interventions through quality improvement frameworks. ▶ Three pilots to develop trauma informed schools using SIM/USD approach advisory groups consisting of representation from health and social care, education, community and voluntary sector and councils. ▶ One pilot developing Trauma Informed FE colleges underway ▶ Roll out of training strategy for all schools in Northern Ireland.

Justice sector

Table 13 presents the key priorities for the justice sector. Securing buy-in at a corporate level and endorsing ACEs/TIP within corporate strategies has been a significant focus in Year 3 alongside extensive SIM/USD mapping across the sector to enable organisations to work more effectively together. In addition, workforce training and development continue to be a key focus for all of these organisations.

Table 13: Justice Sector – Year 3 priorities

Pilot projects	Key priorities
Justice Sector - Youth Justice Agency (YJA)	▶ Continue to progress areas identified through SIM/USD process mapping to YJA Woodlands Residential and YJA Community Services staff. ▶ Address key issues re: referral/ entry interfaces/ cross sector collaboration. ▶ Trauma proof policies, procedures & service delivery. ▶ Propose business plan identified outlining alternative evidenced-based, effective ways of working. ▶ Workforce development SBNI Level 2 completed by YJA staff.
Justice sector Support hubs	▶ SIM/USD process mapped to PSNI operational delivery. ▶ Align DOJ/NISRA Support Hub evaluation to further support assessment and review of entry to exit of support hub service delivery. ▶ Continue promotion multi agency workforce training & development ACE/ TIP. Recognise/ clarify/ promote good practice re referral/ entry/ service interface. ▶ Implementation of recommendations from DOJ Support Hub Eva. & mapping exercise of SIM/USD process through co-chairs of pilot areas multi-agency support hubs NW/Mid Antrim. ▶ Agreed Standardised multi agency implementation plan to monitor progress and implement evaluation processes.
Department of Justice	▶ Progress DOJ Departmental endorsement of a departmental commitment to further embed a TI/ACEs approach across the justice system, referenced in 2021/22 Dep. Business Plan. ▶ Workforce development: Influence further departmental workforce development through SBNI Level 1 and Level 2. ▶ Establish baseline of progress of individual justice agencies re: application of SIM/USD process across all justice agencies with an emphasis on justice agency service interfaces. ▶ Agree implementation plan inclusive of measurable data & outcomes for evaluation and implement evaluation processes.

Local government

Table 14 outlines the Year 3 priorities for Local Government organisations being supported by SBNI. The main focus has been on workforce development, staff health and well-being and the physical environment.

Table 14: Local Government – Year 3 priorities

Pilot projects	Key priorities
Armagh City, Banbridge and Craigavon Borough Council. *Belfast City Council.* *Newry, Mourne and Down District Council.*	▶ Workforce development and training. ▶ Promote staff safety and wellbeing through compassionate leadership models. ▶ Physical Environment: creating physical and psychological safety.

Housing

Table 15 illustrates the Year 3 priorities for the Northern Ireland Housing Executive. There was a substantial focus on creating psychologically safe spaces for its customers and improving their service areas. A range of other priorities were also progressed including workforce training and development and staff well-being.

Table 15: NIHE – Year 3 priorities

Pilot project	Key priorities
Northern Ireland Housing Executive (NIHE)	▶ Strategic Commitment and Leadership Direction ▶ Workforce Training & Development ▶ Creating staff safety & wellbeing across the workforce through a compassionate, empathetic management structure ▶ Consideration to creating psychological safe spaces for both staff and service users

Year 3 implementation and impact

The Covid-19 context

The pandemic has resulted in a rapid increase in the levels of trauma being experienced by families with organisations now more than ever recognising the need for, and importance of, trauma informed responses to recovery. Many of the interviewees believed that the Covid-19 pandemic had helped to bring an increased focus on health and well-being, in general, and consequently helped to give greater prominence to the ACEs/trauma agenda and to staff health and well-being. Discussions about ACEs and trauma consequently moved further up organisations agenda and led to trauma becoming a normal part of people's everyday vocabulary.

> *"Staff wellbeing is higher on the agenda… because of Covid. The trauma of Covid has increased the whole awareness and helped this agenda move on."*

> *"Covid… has had a huge impact on our prioritisation of stuff. One of the positive things that I think Covid did was to drive the health and wellbeing agenda forward… almost twenty years."*

> *"The pandemic has increased the pace of collaborative working and our ability to put TIP firmly on the agenda for schools… TIP is on everyone's radar."*

Many of the interviewees reported that Covid-19 was having, and continues to have, a significant impact across many organisations. Staff re-deployment, in particular, has impacted on the amount of time and focus that organisations could give to progressing their action plans for Year 3. In addition, organisations reported being reluctant to add to the workload and burden of others within their organisation throughout the year, particularly as Covid-19 had led to a surge in demand for their services.

> *"We have been delayed because of Covid as well. We have all had other things to focus on and other demands. We have made as much movement as we possibly can."*

> *"Covid has taken over. We have had a massive increase in demand for services and had to go into the crisis response around Covid which impacted on our ability to engage with the project."*

Notwithstanding this, most organisations have been able to continue to deliver against their plans and embed trauma informed principles albeit at a less rapid pace than would otherwise have been possible. Progress has been made to develop practices both operationally and strategically, within and beyond their organisation. Indeed, some of the actions taken have been mainstreamed beyond the first lockdown.

"We are moving beyond the training phase, both at a strategic and operational level, and agencies are working together more responsively to address issues. During the first Covid lockdown, we brought together a Collectively Preventing Harm group, a range of key people from across different sectors, to identify vulnerabilities that were being exacerbated by the Covid restrictions, e.g. young people on the 'at risk register' or those who might be impacted by domestic abuse. We brought forward a number of safeguarding actions and much of what we had put in place in the first lockdown has been mainstreamed, and those things have continued and held firm through other aspects of Covid."

The 10 SAMHSA domains – implementation and early impacts

This sub-section sets out progress against each of the 10 SAMHSA domains, which are outlined in Table 16 below. There has been a variable focus across organisations on each of these domains. The most widely implemented domains and those which feature most prominently within organisations' strategic priorities in Year 3 include governance & leadership, cross-sector collaboration, and training and workforce development. A number of domains did not feature to any great extent in Year 3 including finance and evaluation.

Table 16: SAMHSA Trauma Informed Implementation domains[8]

1. Governance & leadership	1. Screening & assessment
2. Policy	2. Training & workforce development
3. Physical environment	3. Monitoring & quality assurance
4. Engagement & involvement	4. Finance
5. Cross-sector collaboration	5. Evaluation

Domain 1: Governance & leadership

In order to maximise the opportunities for Trauma Informed principles and practices to become fully embedded in organisations, securing the buy-in of leadership and management is a requisite first step along that journey. It is clear from the discussions with the stakeholders interviewed that significant efforts were made to secure the buy-in of management and leadership teams within organisations over the last number of years.

SBNI has worked alongside key individuals within all of the organisations to present detailed information on how they might implement and embed the SIM/USD process and provided hands-on support throughout their journey to becoming more Trauma informed. The findings suggest that in all of the organisations that participated in the stakeholder interviews/focus groups, there is a strong mandate to move forward in deepening and embedding TI principles.

8 https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

"I had to present to both senior management teams across both organisations. We've now got the management buy in across both [organisations]."

"It's got the backing of the senior management team. People are endorsing it and supporting the move forward. And that feels very different. And I think that's indicative of the journey that the organisation has come on."

The findings suggest that whilst there is buy-in across all of the organisations, the level of buy-in varies between, and within, organisations. Some stakeholders talked about whole-organisation endorsement to proceed with embedding TI principles and practices, whilst others talked about 'pockets' of strong support within particular departments or directorates. One organisation, for example, brought together a wide range of internal stakeholders from the outset including its governing body; not only is the governance mandate in place, it has been fully written into key organisational plans and strategies, with leadership and implementation groups set up to help embed TI principles and practices across the organisation.

"[The mandate] is there. The Board and the Chief Executive were all involved in the ACEs training, so they have a clear understanding. The governance mandate is there and it's written into our business plan, it's written into our model of practice."

"I have got three groups… I've got a strategic steering group made up of senior management that I go back to periodically to give updates and talk about the direction of what we are doing. I then have an implementation team and we lead on the action plan and what needs to be implemented. And then I have the champions, and they basically do the work that needs to be done flowing from our implementation plan."

"Absolutely [we have secured buy-in]. We also have a trauma team – the Trauma Recovery Network."

Most organisations, however, were not at the point where the trauma informed principles had fully permeated through all of departments/directorates, however as indicated above, there were clearly strong pockets of support within particular directorates and departments which, in due course, will provide a platform for further embedding the SIM/USD process and wider TI principles once the impact of the Covid-19 pandemic starts to reduce.

These pockets of support have developed and deepened over the last year despite the pandemic and, in many cases, organisations had managed to form teams to help drive forward the TI agenda. Organisations have adopted differing approaches to enhancing future governance arrangements. For example, one interviewee was keen to get the ACEs/TI agenda further up through the leadership and accountability structure into their Children and Young People Service's Committee so that ACEs/TI is mainstreamed and becomes a key part of all of the conversations at a strategic as well as operational level, whilst another interviewee stated they had chosen to focus their efforts at an operational level vis-à-vis the main "service touch points" to maximise the impact of the project.

"I think in the first instance we have a core of senior staff who are committed to trying to drive this forward. We didn't have that a year ago. We have also had commitment now from the Director of Human Resources, which is key, and which is another new development. We have a group of people trained to deliver training who are really keen to spread the word at a lower level in the organisation across the operational managers. They are leaders in their own right at a different level in the organisation."

"Our audit team said we need to enhance our governance and accountability going up through the system… I am working away on that but then Covid-19 happens and we are all in different places. We haven't [yet] got it up through directorate management, the corporate leadership team and into the CYPS committee."

"Would I say trauma informed practice is a watch word across the organisation? There are aspects of it that we haven't really touched. But we are a big organisation. You are talking several thousand staff doing all sorts of varied work. We have focused in the main on the contact points with vulnerability, both in adult safeguarding and in young people. I think we have made real progress there."

A number of stakeholders interviewed distinguished between buy-in in terms of the practical day-to-day implementation of TI principles and the buy-in at a strategic level, i.e. Board / governing body level. Organisations faced a variety of challenges including, amongst others, identifying the best place within the organisation where the brief should initially sit and from where the agenda could be driven across the organisation. In addition, there was a recognition that whilst things were progressing well at an operational level, more work was needed to progress buy-in at a strategic level. However, there was a recognition that more individuals at a variety of levels were talking a common language around trauma and ACEs, which is helping to raise the profile of TI agenda.

"TIP is progressing properly. We want to make sure that Board members and everybody understand the agenda and are buying into the agenda. I think in terms of the day-to-day practice of Education and CYPS directorates, it's there, but it is that more strategic buy in is the piece that's missing."

"[The challenge is] where it sits in the main. There isn't necessarily one department that has particular ownership."

"One of the biggest signs that you are moving in a certain direction is the language that is used within an organisation. And the trauma informed, inclusive language that we are now starting to use, I think is a real sign that the conversation is changing, and therefore the reality is changing for the organisation."

A number of organisations had recently accelerated their plans to drive TI principles and practice across their entire organisation by, for example, creating comprehensive Gantt planning charts and developing a champions model to support more rapid awareness of TI principles and concepts. However, there was a acknowledgement within this organisation of the need to plug important gaps in terms of representation.

"We are developing a comprehensive Gantt chart in relation with an agreed timeline to do that. The project has already become established across a range of directorates although there's still some gaps. We are also looking at the development of champions across the [organisation] in regard to trauma informed practice."

"There are still quite a few gaps. We are having that implementation group meeting and one of the things on our agenda is really collectively understanding where there is underrepresentation or no representation, e.g. the Emergency Department (ED). We need representation from ED because that's very often people's first experience of this system of care and that needs to be more trauma informed for certain."

For most organisations, their involvement in the Trauma Informed Practice project did not have an explicit impact on leadership or governance structures per se, however, that did not detract from senior leadership and governance endorsing the overall direction of becoming a trauma informed organisation and their underpinning commitment to TI principles. In addition, one stakeholder interviewed believed that a more important challenge was getting TI principles into practice and encouraging a 'spill-over' effect between staff who have been involved in the project and other colleagues (e.g. line managers) who perhaps may not have been as involved.

"The commitment is there within our organisation's programme for 2021-2022… I don't think it has impacted on our structure but I think [being involved in the project] has been helpful in affirming our way of thinking and focusing the way forward."

"I wouldn't say that it has changed [governance structures]. I just think people are more aware of it, in terms of service delivery. The bigger challenge now is in terms of how they interact with line managers and staff."

There were a small number of organisations where the project was clearly beginning to have a system-wide impact on governance structures. This was very much limited to organisations which had a track record of already working with other organisations.

> *"The work that I am doing through the community safety board trying to promote is absolutely all about thinking about the system and then being trauma informed and our response to it, particularly around the individual vulnerability strand which is an important part of the work, but also in terms of the localities as well, when we are working in vulnerable localities. You could see it… I see it really starting to stretch across some really key bits of cross sector governance."*

Some stakeholders interviewed believed that their role was more about promoting the incorporation of ACEs/TI principles and practice in other organisations to which they provide support. Whilst they had successfully managed to get internal buy-in, promoting an ACEs/TI agenda, encouraging collaboration and influencing leadership/governance structures in other organisations was equally important.

> *"The pilots have been excellent learning for us in how organisations [we support] can go about applying the sequential intercept model to ensure that they have all of the right people around the table to support them. The [pilot] school is trying to gather a lot of community organisations around them in a project that the principal entitled 'the team around my school'. And I am very keen to support the principal in that work."*

> *"That collaboration between CSSC, ETI, EA and CCMS and the special educational needs pilot in particular is a good example of where we have influenced governance and leadership in other organisations."*

Domain 2: Policy

Whether ACEs/TI concepts and principles are referenced in organisational policies and strategies is largely context dependent. A small number of organisations, which do not directly deliver services or programmes of activities indicated that their involvement in the TI project had limited impact on their organisation's policies/strategies. These were very much the exception.

> *"There have been no policy developments to date in [our organisation] to reflect TI approaches."*

A variety of approaches have been adopted by most of the organisations in terms of embedding TI language and principles within organisational policies and strategies. A small number of organisations stated that whilst ACEs/TI principles were not explicitly referenced in their organisational policies/strategies, there is an acknowledgement that ACEs/TI principles are implicit within them, and also a recognition that ACEs/TI principles have become part of the wider cultural landscape within which organisations are working.

"The Chronic Homeless Action Plan has an action to develop actions around ACEs… and we will bring together other strategies such as communities, tenancy sustainment and things like that. And again, while there is not specific language around trauma informed practice or ACEs, in my personal opinion it's throughout the document without being referenced."

"It's implicit within the harm reduction strategy and the addiction strategy."

"I am not sure in the new people strategy whether or not the word trauma is used, but there's definitely a more holistic, wider recognition of how we look at our staff and provide support. And the emphasis on leadership is around emotional intelligence, coaching skills, understanding people's preferences and the issues that are going on in their personal lives, and not necessarily seeing it all as a medical issue, but just the impact it can have on their day to day work."

Most organisations, however, have made concerted efforts to include ACEs/TI principles and concepts within one or indeed a suite of organisational policies, strategies or protocols. The use of ACEs/TI language and terminology appears to be most prominent in people/culture/well-being strategies, however other strategies and policies were also mentioned and in one instance, an interviewee noted how, in addition to incorporating TI principles in the crime prevention strategy, they were also developing a protocol for working more closely with schools. Similarly, another organisation was keen to 'knit together' all of the intercept points for individuals who may be released from custody and/or discharged from hospital have a range of supports (e.g. housing) available to meet their needs.

"It has been evident in the people and culture strategy. I think it is a really important place that it sits because it is one of the key Trust objectives. It hasn't made it its way into written policy yet. We have a commitment that within key policies that we will apply a trauma informed lens, to make sure the language is correct and that we are being mindful of the different trauma informed principles."

"Our domestic abuse and sexual violence policy and the safeguarding policy [are trauma informed]."

"Our crime prevention strategy has got adverse childhood experiences referenced within it as an important part of that work. In addition, we are currently working to put in place a process whereby if a child is in a house where domestic abuse has taken place, the following day their school is able to be made aware that something difficult has happened to the child in the house, so that they are sensitive and alert to it."

"We are committed to working with the Department for Justice, the Prison Service and Housing Rights to knit together those key intercept points. In terms of hospital discharge protocol, this has been developed locally by staff within the Northern Trust and Holywell Hospital. In terms of the intercept points, it's about the Housing Executive staff within that area working with the Northern Health and Social Care Trust to say, this is the individual we've got coming. This is what their vulnerabilities/complexities are. We all need to work together so that there is, as far as possible, a planned discharge. In terms of knitting that together, we, through the homelessness strategy, we are trying to bring that to all of our local area groups to say, this is something that's there. Is it appropriate for your needs in your local area? If so, can we bring it to your local area? If not, where are the gaps and what can we do to fill them?"

In addition to referencing ACEs/TI principles in some of their policies, organisations were seeking to widen the suite of policies that incorporate TI principles and concepts. One organisation, for example, was planning to use the trauma lens in updating old policies, whilst another organisation was focusing their efforts in updating policies that guide direct service provision.

"We have been looking at renewing our policies that are outdated and we are trying as best as possible to use a trauma informed lens in the review of those."

"In terms of policies, Behaviour support and provision is very much trying to revamp their policies and practice to be trauma informed. The rollout is very much in the [service user] facing kinds of policies."

For many organisations, SBNI has played a valuable role in supporting organisations to screen their organisational policies/strategies to help ensure they are TI informed. One organisation acknowledged that SBNI were their 'screening tool' for their strategy/policy development but they recognised that this was not sustainable. For other organisations, screening of policies/strategies was in the planning stage and they were committed to ensuring this happens at the early drafting and before policies/strategies make their way to senior management and leadership.

"Our screening tool has been SBNI. And as policies things were written, SBNI helped review them from a trauma perspective. We probably need to think about our own screening tool."

"We have a trauma informed screening tool. We are screening policies as and when they come up. For all future policies, it has been agreed, they will be written with a trauma informed lens. Screening wouldn't have happened without the SBNI leading on this piece of work.

"Long term, we will be looking to make sure that when policies are drafted, they are reviewed before they go to senior management team to make sure they have that trauma element attached to them as well."

One organisation detailed how the inclusion of ACEs/TI principles had become a normal part of their organisation's plans and planning cycle, something which their governing body had endorsed and which staff were fully on board with.

"In our relationship policy, the language of TIP is embedded in the documentation that the governors have reviewed and signed off as appropriate, for our whole ethos and our mission statement. There is a three-year cycle for our planning. There is a large section looking at how we are adapting to the emotional wellbeing of children and young people. Policies are having to be reviewed to make sure that we are addressing trauma informed practice within those policies. The [governing body] is very much on board with this and are keen that we drive this forward."

Domain 3: Physical environment

A small number of the organisations that participated in the TIP project have focused on building their knowledge of the TI environments literature and adapting their buildings and facilities to make the environment more trauma sensitive for their service users so as to enhance the customer experience.

As one example illustrates, the changes to the physical environment do not have to involve long, complex and costly building work. The physical layout of a small number of visitor rooms was adapted to afford service users more privacy. The organisation had plans to scale up these changes across their organisation, however this ambition was curtailed due to the Covid-19 pandemic.

"We undertook a review of the physical environment… and it has been changed completely with the customer experience in mind. To protect the privacy for individuals we now have more one-on-one interview rooms. Whenever I worked there, there were three interview rooms, but it wasn't providing enough privacy. There was a lot of work done to improve the design of the counter area from a customer, TI practice point of view. We have committed to a number of other peer reviews in other offices but it's been delayed because of Covid."

Two other organisations also gave extensive examples of how they adapted their service-user environment to make it more trauma sensitive. Both organisations recognised the limitations of making extensive changes to the layout of their buildings, however they believed that a lot could, and had, been done within limited budgets to make their spaces more trauma sensitive.

Many of these changes appear to be relatively inexpensive to make and need not always involve complex modifications of buildings/facilities.

> *"We softened the reception area and undertook an overhaul of the family rooms, where children get family visits. They completely redecorated the area using a trauma lens with the family room, the overnight stay room."*

> *"We can't physically change the environments of our buildings, but we've asked that every office should have… we call it a safe space or a crash room that you can take a child into, and a nice comfortable setting. We recently have invested in sensory objects, weighted blankets, fidget spinners, that kind of thing, that we can use with children. We have worked round our physical environment to make it more trauma sensitive."*

Other organisations had plans in place to make changes to their buildings and facilities and were examining the changes needed from when a service user enters the service through to when they exit.

The support and guidance provided by SBNI in terms of trauma informed environments literature was positively received by organisations. This support was critical because as one stakeholder interviewed noted, the concepts and principles relating to making buildings more trauma sensitive are relatively new and novel, even for buildings departments within their own organisations.

> *"That's something that we are going to be doing with regards Towards Zero Suicide, point of entry to exit, for the acute ward. They have looked at their therapy rooms, their low stimulation rooms, and they are trying to make them more trauma informed. So the organisation already has tried to shift to be more trauma informed and having this model available has just given us a bit more guidance."*

> *"Having spoken to [my colleague] both in terms of the design of new buildings, that we have raised considerations about looking at it from a trauma informed perspective. These are all new terms for our buildings department that they are starting to investigate and explore. I have asked SBNI for any reference or any material that they had around environmental design and TI principles that we could supply to our colleagues. Those conversations are now starting to take place that wouldn't have taken place before."*

One stakeholder interviewed stated that their organisation had been looking to progress 'psychologically informed' ways of working, however funding and associated issues of staffing and time had a negative impact on progressing this, despite the continuing appetite and interest in moving in this direction.

"I think we started progressing towards trauma informed or psychologically informed ways of working, a number of years back. But then there's been significant issues which have impacted on our capacity to do that such as a reduction in funding, staffing and time to be able to do it. There is an appetite but sometimes you are taking two steps forward, one step back."

One of the organisations that took part in the interviews had been already been heavily investing in ensuring their environment was trauma informed. SBNI undertook a socially distanced visit to look at the extent to which the buildings and facilities were designed from a trauma sensitive point of view. The organisation in question was reassured that their buildings and facilities were at a good standard in this respect.

> *"A lot of the physical environment we have probably in place… SBNI was able to carry out one socially distanced visit to look at what we have set up for the children in terms of the areas. Even the affirmation that, yeah, that's along the lines of what it should be was good."*

Domain 4: Engagement and involvement

In general, organisations did not have a large focus on this domain as part of their involvement in the TIP project. A number of stakeholders referenced staff well-being surveys and consultations as a means to obtain feedback from staff in relation to their own emotional health and well-being. Whilst this demonstrates their engagement and involvement, interviewees did not necessarily draw a link between this domain and how they might have (re)-designed a service pathway or service(s). The focus, therefore, appears to be very much on vicarious trauma and promoting staff well-being and self-care.

> *"We undertake staff well-being surveys across our organisation."*

> *"We have developed a [staff well-being] strategy which has themes of staff engagement and attention to their wellbeing. It promotes [our] organisation's commitment to this as well as staff needing to care of themselves and being offered resources to do so."*

> *"We have circulated a staff wellbeing survey across our services."*

From an analysis of the interview/focus group findings, one organisation, in particular, had moved the PPI agenda forward significantly through their partnership with Queen's University. A group of service users were trained and supported in order to be involved in teaching on a 'preparation for practice module'. However, it was not clear from the discussions that this initiative had emerged specifically following their involvement in the TIP project as it appears to be a long-running project that developed prior to the SBNI project.

"We have done some work with Queen's university around their PPI approach, and our service users are involved in the teaching at Queen's University and are part of the preparation for practice module. Those service users have been identified and approached and have received training and support and facilitation to do that. That is evidence of real, more genuine participation and service user engagement. We really are genuine in wanting to hear about real, lived experiences."

Another stakeholder interviewed shared details of a new participation model that they are planning to develop over the next few years that would involve strengthening the voice of parents/carers and children in service design and delivery. This is very much in the development stage and the precise model is yet to be agreed.

"That's another thing that I am leading on. We are developing a participation model for the children and families that we work with. Over the next year or two I have to come up with what our model of participation is going to be: a children's forum; focus groups or whatever."

Domain 5: Cross sector collaboration

This year a key part of the work that SBNI has undertaken to support organisations is in relation to the SIM/USD model. An integral part of that approach is encouraging organisations to collaborate more closely to ensure the entry and exit points for individuals are as joined up as possible. The vast majority of stakeholders interviewed believed that their organisation already had significant collaborative relationships with other organisations in their sector and beyond. Therefore, they were already starting from a strong baseline. The TIP project had provided organisations with further opportunities to build and expand their collaborative networks.

"I think it has always been there as a cultural way in which we work. External relationships have always been one of our key functions within the programme of work. For example, we are involved in a project with Barnardo's supporting a group of schools in the Thrive project. We have a number of projects ongoing with University of Ulster as well. This project has opened up some other opportunities and it has been a very positive development."

"It's just the richness of interagency working and those networks and collaborations has been great. And has just enhanced, maybe, some of the thinking that was already happening within [our organisation]."

For many organisations, who had already been collaborating, the activities delivered as part of the TIP project have helped to reduce silo working and extend the range of existing collaborative partnerships.

"It has widened a channel of communication between us, the Belfast Trust and CEC (The Clinical Education Centre). I think there is more of joined-up collaborative learning and delivery as opposed to before where we were delivering everything separately."

"I think that this has probably strengthened those relationships further. We always do have good relationships with practice. I think this [project] has been a fantastic opportunity to allow that to happen and continue to promote and progress those relationships."

For other organisations, particularly those operating at scale across a range of geographical areas, the TIP project helped to promote greater levels of internal partnerships and collaboration arrangements as much as external ones. The example below provides details of the extensive collaborative arrangements at a systemic level that the TIP project contributed to both internally and externally.

"It's more the collaboration across directorates and across services and actually people learning from, and supporting each other."

"We have been working with Queen's School of Nursing to do a bit of collaborative work there in terms of applying a trauma informed approach to their nursing students, both for themselves and any secondary trauma they may have experienced, as well being trauma informed in relation to their clinical interactions with service users."

"We are leading on the recovery college, an EU funded programme, that is partnered with Dundalk. We look at what compassion is and working towards how it manifests itself in all our dealings with service users throughout our organisations. And we've been doing webinars on that. So we've been looking at the very individual lens and then looking at it from an organisational lens. And then in terms of the training team as well. It is led by social work team doing the training for trainer's workshops as well. We've been doing our best to make contacts."

In spite of the Covid-19 pandemic, many of the collaborative arrangements remained in place throughout the last year. A number of interviewees noted that the use of online platforms for meetings, whilst not an ideal method of communication for a variety of reasons, had helped to boost attendance and participation rates at meetings. One of the benefits of online meetings pointed to by one of the interviewees was the time savings of not having to travel to meetings, resulting in more time to actually attend meetings.

"I think for education restart and education through Covid has actually been a quite good opportunity. I think you miss the face to face piece that you can do, and be in the room with people, but in actual fact it has worked remarkably well. I mean that wellbeing forum is very well attended."

"Some of our groups are actually operating more effectively. Because people are not having to take time away from the office travelling. We are actually getting a better attendance at some of our meetings, ironically. We are actually getting almost better engagement in meetings as well."

The continuing legacy of the Be the Change Leadership programme was particularly evident in the discussions with stakeholders. The programme helped to increase contact not only across organisations and across sectors but also in terms of helping to build collaborative relationships within, and between, directorate and teams. The opportunities this provided enabled various government strategies and policies to be made in a more joined way.

"Through the course of the Be the Change programme, you got to engage with people from Department for Communities and the Department for Education. Like would have linked into the Department for Communities. But there were aspects within Department for Communities where we wouldn't have linked in - for example, someone developing a poverty strategy, realising what was being done in the homelessness strategy, and establishing that link."

"Controlled Schools Support Council, Catholic Council for Maintained Schools would be two of our key partners. We have probably done more work with CSSC. They all did the Be the Change programme as well as ourselves. And therefore we have had a level of engagement with each of those groupings around how we take forward the trauma informed agenda with schools and who's role is it to do what."

A number of stakeholders talked about the influence of the project in terms of supporting the development of a common and shared language around trauma which is becoming more prevalent since the beginning of the TIP project. One interviewee, in particular, talked about the shift in terminology from looking at the issues presenting in children as being problems, towards an understanding that the child is acting out their trauma. The use and application of the trauma lens was noted as being particularly helpful. Another example was given to illustrate their observations of how practices had changed in managing breaches of regulations during Covid-19. The interviewee noted how the focus moved from punitive approaches to breaches of Covid-19 regulations towards working in a more trauma informed way with children and young people, recognising the impact of Covid-19 on children and young people's mental health.

The approach appeared to be successful at minimising the need for further intervention at other intercept points along with SIM/USD entry to exit point.

"The key organisations we engage with are the Public Prosecution Service, the Police, Courts Service and the Health and Social Care Trusts. In terms of how things have changed, I suppose it's how our language has changed when we've been engaging in meetings."

"In a care planning meeting, we might be challenging staff to see a child's behaviour through a different lens. For example, they might be bringing up stuff like, this child is acting out his trauma rather than focusing on a child who has kicked in a door ten times last night. The language and the perspective has changed."

"The language of being trauma informed certainly is much more present now across meetings in the language that we use collectively."

"I'll give you an example, [staff] decided that in certain case it was more appropriate not to pursue young people for breaches of Covid regulations, because they understood that young people were struggling with their mental health because of Covid and with not seeing their friends. They took a very trauma sensitive approach. They just spoke to them and asked them to disperse or took them home to their parents if they needed to. We've had no referrals for anything to do with Covid related."

A number of other examples were put forward by interviewees in terms of how they have applied TI principles and practices in discrete projects. One of these, the Towards Zero Suicide regional project, aims to reduce the use of restrictive practices (e.g. use of seclusion) with an overall aim of reducing suicide. The following provides a case study of the project and how it has progressed in the last year.

Application of SIM/USD to Towards Zero Suicide regional project

Introduction

The Towards Zero Suicide regional project was launched in late 2019. The project involves all five Health and Social Care Trusts and Prisons and aims to research and adopt best practice in suicide prevention work across mental health services and the prison population. Zero Suicide within mental healthcare systems emerged in the 2000s in the United States. It is hoped that by applying a similar approach in Northern Ireland, there will be a significant reduction in deaths of service users. The project has initially focused on restrictive practices in custody.

TIP objectives for the project in Year 3

SBNI set a number of objectives for the project as part of the TIP project including:

- All key stakeholders across the Health & Social Care Trusts, responsible for the implementation of the Towards Zero Suicide – restrictive practice project will have an operational knowledge of the application of the SIM USD process, underpinned with the SAMHSA 10 Domains and 6 Key Principles within their own service delivery area.
- All key stakeholders will be aware of the evidence base for a trauma informed approach to restrictive practice.
- Health & Social Care Trusts will commit to a trauma sensitive response in relation to all restrictive practice within inpatient hospital settings.

Progress in Year 3

A number of implementation support meetings took place in October & November 2020 with the Regional Towards Zero Suicide Manager and South Eastern Trust Towards Zero Manager to discuss planning and input at Minimising Restrictive Practice conference in December 2020 and potential next steps for progressing a pilot model. SBNI delivered a presentation on SIM/USD process underpinned with SAMHSA Domains and 6 Key principles to promote a trauma informed approach in relation to entry to exit within a psychiatric ward setting to 100 participants.

These and a range of other opportunities provided those participants with an opportunity to collaborate more widely, become familiar with trauma principles and concepts (e.g. the trauma lens) and to understand and begin to apply the SIM/USD model. The support provided helped the organisations involved in the project to create an action plan to improve the experience of service users from entry to exit.

> *"The pilot allowed for greater levels of collaborative working with different organisations and we had the opportunity therefore to become more trauma informed. Along with SBNI, we mapped our service, and then placing the trauma lens over the service, helped us to see what we could do better and improve on, and then devise an action plan to become more trauma informed."*

The presentation to the project regionally also helped to generate greater levels of support and buy-in to the project and the underpinning trauma principles and an enthusiasm to learn and develop their knowledge and skills to work with service users in a more trauma informed way.

"Working with SBNI gave us a better insight into the importance of trauma informed principles and using the lens. We presented our project regionally and SBNI presented at an education day that we hosted under minimising restrictive practice. And there has been great appetite from the senior management circle right down to staff on the ground, keen to further develop their knowledge and skills in engaging clients in a more trauma informed way."

What's the plan for the future?

Stakeholders interviewed were keen for the SIM/USD process and trauma informed principles to embedded across the whole project. Recognising that this is a long-term project, a willingness was expressed to map this approach to another service within one of the Trusts, having been encouraged by the application of the approach to restrictive practices.

"The whole pilot feels that there is a need for the trauma informed to be embedded in all of our structures. And as we are regional, we have the opportunity to do that. However, we are still in the very early stages of that and we have agreed that we would map a service within [the Trust] acute ward, and we would map the SIM/USD process over that. There is a great appetite and one of our Assistant Directors is very keen on this approach."

There are a wide range of other examples where the TIP project has provided opportunities to promote enhanced collaboration and increased partnership working with a trauma informed focus. In March 2020, for example, a Support Hub Steering Group was established to provide a strategic forum for all partners engaged in delivering Support Hubs across the region. The hub has c. 15 partner organisations (e.g. PSNI, Department of Justice, Health and Social Care Board). Many of these organisations had completed the Be the Change Leadership programme with the TIP project and have begun to consider the TI implementation domains within their own organisations through strategic planning and implementation.

Building on this work the Regional Support Hub are able to consider the trauma informed approaches from a cross sector/system collaborative response process underpinned by SIM/USD processes. This group has met on a bi monthly basis from March 2020 with a focus on setting strategic direction and developing consistency in approach for support hubs across the region. One stakeholder noted the importance of these meetings and events in terms of getting a wider understanding of the SIM/USD process and its application.

"SBNI has been very supportive of I and the team. We went to a seminar in December last year and it was very cross sector. We engaged with colleagues in our sector who they had applied SIM/USD throughout their organisation. The event enabled us to link in with others on an individual level."

The findings of the interviews with stakeholders illustrate a range of positive developments in terms of how the support hub is promoting increased collaboration and partnership. The examples illustrate how the TIP project has contributed to planning for better cross-organisation working and enhanced joint-working protocols and procedures.

> *"We are currently working to put in place something a process whereby if a child is in a house where there has been domestic abuse, then the following day their school is made aware that something difficult has happened to the child in the house, so that they are sensitive and alert to it."*

> *"There are plenty of opportunities that we would see within [our service environment] as an opportunity for more trauma informed work. We are employing nurses now, within all of our custody suites, and the plan is to roll that out further which will significantly reduce the numbers of times [our staff] are having to take people to hospital; we will be able to provide support earlier and in a more trauma informed way we are working through the process of how we roll that out."*

There is a whole array of other examples of how the TIP project has increased collaboration. For example, the lead for TIP within the Education Authority was afforded an opportunity to share their model of implementation at the TIP Project Trauma informed practice seminar in November 2020. In addition, the Trauma informed pilot schools have been identified which involves a range of partners - ETI, CCMS, CSSC and EA – working with a small number of schools to develop sustainable Trauma Informed Schools who will work more collaboratively with all sectors. These pilots are being led by EA, with CSSC closely working with, and providing support to both schools involved in the Pilot.

SBNI has given SIM/USD presentations to both pilot schools Board of Governors, with one of the board of governors signed up to the pilot and work underway to firm up a commitment from the Board of Governors of the other school. Though still in an evolving phase, the pilot provides the opportunity for the full application of the SIM/USD process in terms of having the right organisations and support to meet children's needs. It also provided the opportunity for CSSC to work more deeply with the pilot schools to embed the approach.

> *"The pilots have been excellent learning for us in how organisations can go about applying the sequential intercept model to ensure that they have all of the right people around the table to support them."*

> *"The two pilot schools… Controlled Schools Support Council is heavily involved with us in relation to those, because they are both controlled schools. And I think that is good, because they are there to support the whole leadership, governance, management piece. That is a real positive out of this."*

"We are running a pilot, alongside SBNI and the Controlled Schools Support Council. It's a way for us to pilot that sense of entry to exit for a child and what works, what doesn't and where do we need to build relationships. We have managed to build a multidisciplinary team for both schools with staff from our organisation. We have got psychology, Special Education, SBNI, Intercultural Education Service, along with the schools and the Controlled Schools Support Council."

Domain 6: Screening & Assessment

This sub-section examines the extent to which ACE/TI principles and concepts and the SIM/USD process have informed this screening and assessment process. The majority of organisations that took part in the interviews/focus groups did not have an explicit focus on this domain in terms of how they were applying the SIM/USD model.

One organisation noted how some services were much more aware of, and had mapped, entry and exit points for their service users and the SIM/USD entry-to-exit mapping was therefore an integral part of how they worked. The stakeholder representative noted that they had made efforts to expand these practices to other services via the delivery of training workshops. Another stakeholder had noted how they had applied the trauma lens in informing their approach to onwards referrals – the interviewee talked about the importance of looking at 'the needs' rather than 'the deeds' of young people in considering their approach to referral pathways and signposting.

"I suppose my hope is that for those services that we have delivered training to within [our organisation], that they are more tuned into the trauma lens in particular. Some services will always have been very good at thinking about the entry to exit journey: a child comes in here, exits here, and these are other interventions/support in the middle. For example, Education Welfare are particularly good at that. Then you have a service like the Early Years' Service that we only trained in January this year. And I would say they now are trying to think about that. I think we are still very much in a reflective phase in relation to that. There's a big bit of work to be done around some of that in terms of really thinking about our entry to exit. And I would hope that if we got the implementation plan through then we'd be doing more of that."

"In terms of referral on to other organisations, a trauma lens is applied again. It's about the needs as opposed to the deeds of the young person."

Other organisations have adopted a variety of approaches. For example, one organisation is explicitly looking at their screening and assessment process and looking to move away from an offence focused risk assessment and screening towards building a more strength-focused trauma sensitive assessment looking at how trauma has impacted on the child's life and their engagement with their peers, parents/carers, wider family and other stakeholders beyond that.

"We have an offence focused risk assessment. We are currently in the process of reviewing that and we will be moving away from that type of assessment, to a more strengths focused or trauma sensitive assessment. But in the meantime, while that is being reviewed and sourced, we have updated our assessment processes to include trauma principles as part of the assessment. That staff should be considering the impact of trauma on the child's life and how that has impacted on the other systems in their life, their engagement with family, community, education and all the rest."

Other organisations are not examining this as discrete area of work, but rather are looking at the entire entry-to-exit journey of service users. SBNI have worked with one organisation to redesign an entry to exit questionnaire to establish effectiveness of service delivery from the service user perspective. This tool will help to inform a training needs analysis to fill any gaps in their staff's repertoire of competencies and skills. Covid-19 has impacted on the degree to which this could be progressed.

"The training needs was the biggest thing that we identified. We developed a couple of slides looking at service users journey from the point of entry to point of exit, and one column is what we currently do and the other was what we would ideally like to do at each point. Unfortunately, due to Covid our progression of actioning the action plan has been delayed due to the nature of our organisations. And the concept that we want to learn together and we want to learn as three organisations, but learn as one. so that's why the Zoom training, although it enhances some of it, the ethos is for us to all come together and learn together."

Domain 7: Training & Workforce Development

Training and workforce development is one of the most important SAMHSA domains. SBNI has invested considerable resources in providing initial training via Level 1 ACEs Awareness and Level 2 Developing Trauma Sensitive Approaches to Practice training to practitioners from across the range of sectors involved in the TIP project. In addition, it delivered a large number of Train-the-Trainer Programme of Professional Development sessions to help build the capacity of organisations to sustain workforce development and continue training their own staff across services to understand ACEs and apply trauma sensitive approaches within their practice.

All of the organisations that took part in the interviews have had staff who took part in the T4T last year and there is an expectation that they will continue to cascade their knowledge to colleagues. As well as exploring the extent to which organisations continue to build capacity in TI principles and practice, this sub-section will also examine commitments made to include this training and any online training options within organisations training and development schedule from the point when someone joins their organisation.

Before examining the impact of the TIP project on ongoing training and development opportunities, stakeholders were keen to point out the important role that SBNI played in terms of developing bespoke materials for their organisation and/or sector. All of the organisations stated that they were committed to developing and sustaining TI practice training opportunities. However, whilst there was an explicit commitment to continue to embed training and development opportunities, the updating of training materials and resources is an area where organisations noted a lack of capacity to undertake this on an ongoing basis.

> *"That's what has been great: It wasn't a case of attending SBNI's train the trainer programme and that's us now qualified to deliver it. There has been ongoing support. Only recently I was looking at a communication that I'd received from SBNI where particular aspects of the training package have been amended or enhanced, for example there was specific material developed in relation to children with SEN and newcomer children."*

> *"They [the trainees] got all the trauma information and they also then were given the manual. I have one here, that was co-designed for education. It has everything in it for our sector."*

> *"We have used materials that SBNI has provided to us. We have a series of half mornings where we work with new colleagues to take them through the training materials. One of the key things would be to make sure that we have any updates in those materials, so that we can update our induction materials."*

In some instances, whilst significant progress was made to co-design training materials with SBNI, Covid-19 negatively impacted on the degree to which training packages and associated resources could be rolled out as quickly as had been planned.

> *"We worked together with SBNI to co-design a training package that should have gone out to schools last year. We were not far off launching that when we went into the first lockdown and business as usual was suspended."*

> *"[We] have been delivering lots of training for [different teams] to take forward the trauma informed/ACEs and systemic practice. There's so much more internally now. I am the trained trainer for the SBNI's courses. I have delivered those internally within my own team and within my own service. And there were plans to roll that out regionally. But that has been a bit hampered by Covid."*

Notwithstanding this, it is clear from the interviews that the staff training and development domain has greatly progressed over the last year. Many of the organisations have built training and development opportunities into their staff induction programme and have also included ACEs/TIP training and development opportunities into their own organisation's training and workforce development plans. In addition, a number of organisations are enabling their staff to access both the Level 1 and Level 2 e-learning modules. The 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.

> *"We have provided access to Level 1 & 2 TIP training for colleagues and have developed our induction process for new colleagues to include this training. [Our organisation] is committed to providing ongoing ACEs and TI training."*

> *"Learning and development are on board with the training. I've had briefing sessions with them. ACEs/TI principles are referenced within the induction training package. In addition, there are people in particular roles that get enhanced training through the Level 2 package."*

> *"In the interim, we have built that into existing training packages. I have included it within the safeguarding package. The reason for that is that it's a mandatory requirement for people to do it. While we've got people on furlough, they will be told you have to do your safeguarding training. Within the training package there's the trauma lens and there's the bit around staff health and wellbeing. People will have that very generic, basic awareness of wellbeing."*

In addition to the above, one organisation talked about the impact of the project on Human Resource processes with an emphasis on recruiting people who already have a high level of awareness of TI principles and concepts.

> *"The way that we recruit is slightly different now. There's a much stronger emphasis on trauma informed care principles. We are not only training people in it, but you are recruiting specifically for it."*

One of the stakeholders noted the dual nature of their training offering – supporting students during their undergraduate studies and also supporting their own staff. The interviewee expressed strong interest in incorporating TIP training and support throughout the three years of student's studies so that their learning is scaffolded. Whilst a clear path for student training was evident, it was less so in terms of delivering training to staff. The challenge revolved around whether some or all of the training should be rolled out across all staff regardless of experience and qualifications or whether a more targeted approach was needed.

"All of our students are able to access the Level 1 training. They also get access to the e-learning package and they also get a workshop which lasts for 1.5 hours. We have broken it down into four case studies for learning disability, children's, adult and mental health. Then they have a workshop facilitated by staff. We wanted to do was try to scaffold their learning throughout their three years, so that it just didn't go in one particular year block and it was never revisited again. I just want to get a nice flow chart in place, just to see what students are getting, what level."

"Rolling it out with the students, that bit is quite easy because that's our role. Your role is as an educator. Rolling it out to staff - I have found that part a bit more challenging. Do we provide the Level 1 and Level 2 training to all staff? Are we training staff who have had years of experience in trauma informed practice and adverse childhood experiences? Or do we just ask staff who want to come along to the training?"

A number of interviewees spoke about the importance of preventing overlap and duplication of training and support learning packages. One interviewee noted how SBNI worked with them to ensure consistency and quality between the various training support packages. In Year 3, organisations generally appeared to be taking more steps to ensure that their training offering is more consistent and coherent and that the TIP training is not viewed as just a bolt-on to the core offering but an integral part of the overall package.

"SBNI were very helpful because it was important to try to ensure that there was consistency between the training that WAVE was offering and the training packages developed by SBNI. SBNI worked with us and with WAVE to make sure that they were connected into SBNI's training programme. It was a good example of working not only between us and a different agency, but connecting that up with SBNI's work to ensure consistency and quality."

"What we are trying to do is that instead of having it as a standalone delivery, that it is built into programmes that are already there, because it is linked very much to other training around vulnerability considerations."

"At the minute we are mapping our training so that schools, for example, understand where they fit in. If someone has been involved in the TAP (Team Around the Practice) project, they don't need to have the three levels of TIP training."

"It's built into the programme so it's ongoing. Every time a programme is run, this is part of it every time. They are now actually built into delivery as opposed to being a one-off or a bolt on."

In terms of the sustainability of TIP training and staff development, the interviews points to reasons for optimism that organisations will continue to embed ACEs/TIP training for staff. A number of organisations stated that they were definitely going to sustain TIP training and development opportunities given the number of their staff that had accessed the Train-the-Trainer programme of professional development and were equipped to do continue cascading training to their peers. One interviewee pointed to the importance of training up a diverse cross-discipline group using the SIM/ USD process to ensure that ACEs/TIP concepts and principles are embedded throughout the entry-to-exit service journey in the anticipation that this might prevent young people from 'coming around the custody loop again'.

"I believe there is enough capacity in the system, either through the existing projects/ programmes that already deliver trauma informed approach, or through the thirty odd trainers that we have going out and delivering it."

"We are training a group of 15 in each area that we are taking forward shortly. We have purposely made that a kind of a cross discipline group. It includes, for example, police officers, youth diversion officers and child sexual exploitation. We are using the SIM/ USD process as the basis for training, looking at the various intercept points and who's involved from the when someone comes into custody. Some perhaps hadn't thought before much about the trauma side of things.

From the custody point of view, I think there's real opportunity there to maybe change that thinking a wee bit and stop the person coming round that custody loop again, just because there hasn't been an intervention at a suitable time."

"In terms of training, we have tried to become as self-sufficient as we can. SBNI ran train the trainer courses and then they have trained our staff up, so we can run our own train the trainer for Level 1 and Level 2. And we have… well up until last year, student officers, fifty student officers were coming in every five weeks. So we were able to sustain that because we built it into part of our student officer programme."

A number of other organisations also believed that 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. Other interviewees expressed a desire to progress training and development opportunities, but had not developed detailed plans for rolling out training opportunities.

"We have agreed a model of facilitator-led training and are planning a stepped approach to training. We are initially going to deliver Level 1 training, which will be an online training that any member of the school staff can access. It's for all members of staff such as the principal, the caretaker or the dinner lady. Then we will move into Level 2 training which will be a full day's training. There is the third level, somewhere between Level 2 and Level 3, we are going to do a piece of work around school readiness to become a trauma informed school."

"We want to keep developing upon the initial cohort of people that are available to deliver the training. Within [my department], we have 280 front line staff. We want to widen it out and it is about getting those seven individuals engaged with 280 staff. I think there is that enthusiasm from frontline staff to become aware of things like this. the first part of it is having those seven staff. The second part of it is, getting that engagement with the 280 staff initially, then going beyond that to other parts of the business."

Domain 8: Monitoring & Quality Assurance

Monitoring and quality assurance arrangements at a strategic level are about the extent to which organisations have structures and systems in place to support understanding the impact of the activities undertaken. For example, this would include identifying the person(s) who is accountable and responsible for monitoring the impact of ACE/TIP training, practice and service delivery on service user outcomes. It would also include any details of the reporting lines in place as well as whether an implementation plan exists.

For many organisations, the focus has been on getting implementation and delivery teams in place, seeking further buy-in to the TIP agenda and continuing the roll out of staff training and development opportunities. Therefore, developing monitoring and quality assurance arrangements has not been a focus for most of the organisations that took part in the qualitative research.

The work that is taking place is in the early stages of development. For example, SBNI has been working alongside ETI to see how the inspection process can be enhanced to incorporate ACEs/TI principles and the SIM/USD model, with a view to enhance the quality improvement focus across schools. These discussions are very much in the early stages of development.

There was, however, a number of examples of where arrangements had progressed over the last year. Monitoring and quality assurance arrangements were developed and incorporated into the Terms of Reference of the Implementation Group that was established by one organisation, however their progression had been impacted by the Covid-19 pandemic.

Despite the clearly embryonic development of monitoring and quality assurance arrangements, organisations had an array of methods (e.g. surveys and focus groups) in place for staff to feedback on how various initiatives are progressing. Some of these methods appeared to be long-standing and not specifically connected with the TIP project.

> *"Operationally, we receive feedback through staff engagement surveys within [our organisation] and feedback from student via wellbeing surveys."*

> *"NISRA [was engaged] to carry out a Support Hub Online Survey which was carried out in June 2020. There were 115 responses. 30% of responses were from the Derry City and Strabane Hub, 35% were from the PSNI, and there was also a good uptake from the Western Trust area. A number of focus groups were also undertaken."*

Domain 9: Finance

This SAMHSA domain is principally about the extent to which ACEs/TI principles are incorporated into commissioning of services by organisations participating in the TIP project. The finance domain has not been featured in any of the plans set for the organisations that SBNI has supported in Year 3. Therefore, there are no findings to report under this domain.

Domain 10: Evaluation

This SAMHSA domain examines a number of aspects relating to how organisations go about assessing and evaluating the impact of their ACEs/Trauma Sensitive approaches on both staff and service user. This domain would include an examination of the processes put in place to gather and report impact data. Similar to the finance domain, this has not been a focus for most of the organisations that had participated in the stakeholder interviews/focus groups, and there were only a small number of examples of where this domain had progressed and the extent of progress was limited to that achieved through involvement in the Be the Change Leadership Programme.

> *"Through participation in the programme (Be the Change Leadership), the ETI has planned two Trauma Informed Practice Evaluations. The purpose of the evaluations will be to highlight and share, through a series of case studies, innovative and creative trauma informed approaches to supporting emotional health and wellbeing."*

Embedding the SIM/USD model: An overall assessment of what worked well

SBNI implementation managers noted a range of areas in their work with organisations that appeared to work well over the course of the last 12 months. All of the SBNI implementation managers felt encouraged by the number of invitations extended to them by organisations to disseminate information on SIM/USD approach to senior management teams and senior leadership teams.

These ACE/TIP information and exploratory sessions and SIM/USD implementation sessions deliver by SBNI implementation managers provided an opportunity to enhance organisation's knowledge of the SIM/USD process to enable them to embed the model within their respective organisations. It also helped to support organisations to understand the critical parts of the service user journey where they interface with other organisations and where they might join up to better support services users' needs from entry to exit.

Stakeholders organisations reported high levels of satisfaction with the quality of support provided by SBNI and welcomed the allocation of an implementation manager for their particular sector. All of those who commented on this, noted the importance of implementation managers having a detailed knowledge and understanding of their sector and being able to understand the strategic context within which they operate. This meant that the resources produced have been bespoke to the needs of organisations. This, along with the ongoing provision of advice, support and guidance, has helped to advance the TI agenda in organisations and supported staff in getting buy-in of senior management and leadership within their organisation.

"I think that having an implementation manager for education has been first rate. [SBNI] has been superb, I have to be honest, every step of the way. She has got a good strategic and operational handle on it. When she goes and meets or trains staff, people really like her."

"The support we have had from [SBNI] was great - she actually took time to understand us as an organisation. She knows now how we operate and what we do, and any training that she has provided has been bespoke for us. Although we have got the train the trainer manuals, we have created our own bespoke from that for Level 1 and 2 training."

"SBNI was also really proactive in supporting me to get that buy-in from the senior management teams, and providing me with guidance and information. To understand our organisation and where all that fits when we are different than the other organisations is really helpful."

For many of those interviewed, the project helped to support increased levels of partnership and collaboration within their own organisation, and across sectors. This helped to support a more consistent use of ACEs/trauma informed language across the range of partners working to meet the needs of service users.

"The cross-directorate partnerships and opportunities to work together as a result of the TIP project, and the cross-organisational opportunities to work together were big successes."

"The focus on collaboration has been a highlight for us… We are seizing on the opportunity, through the work that [SBNI] has facilitated, to get everybody round the table and say, what can we do better? Let's look at these case studies and look to see how we can use the language of trauma informed practice to better meet the needs of that young person. We need health professionals, social workers and parents themselves, just to get on board, use the same language, use the same approaches, so that we are all consistent. And I think that has been a strength."

"One of the key things from my point of view would be… [SBNI] has very good and has strong links with the Education Authority and with the statutory education sector."

For others, the ongoing and continuous support provided by SBNI has been key to moving forward and embedding training and support and implementation of the SIM/USD model. This model of ongoing peer support helped to boost the confidence of staff tasked with implementing TI principles and practice in their own organisation and feel less professionally isolated than might have been the case where training and support is one-off rather than ongoing.

"Key point for me was having that continued support from SBNI. I didn't feel that myself and [my colleague] were given the training and then just left to go and deliver this. I felt that that really had been well thought through by SBNI. It was like a natural process from SBNI that they continued that support for us. It definitely helped my confidence levels."

"Sometimes within [my organisation], I feel as if I am doing stuff by myself in order to take it forward. And this has been really lovely to have higher leadership within my own organisation involved at a very close level. We are meeting on a weekly basis. We are meeting on a monthly basis as part of the larger group. And then just to have that external support from SBNI has been fantastic."

A number of other successes were pointed to by interviewees. These ranged from getting ACEs/TI incorporated into organisational strategies, through to having the resources (training manuals and materials) to be able to sustain internal training and development of staff going forward, whilst a number of organisations talked about the success of being able to rollout training across their organisation at scale. For others, the highlight and key success has been the feeling that their organisation is an early adopter and through the support provided by SBNI have been able to disseminate their successes more widely.

"The chronic homeless action plan is like the first action plan of its type in the UK or Ireland in that it focuses on wider groups of individuals beyond rough sleeping. I think the fact that that in itself makes a commitment on behalf of our organisation to develop trauma informed practice and raising awareness of adverse childhood experiences."]

"Probably the fact that we have this great training manual and training materials, I think is a really big thing."

"I am proud of is the fact that the Level 1 and Level 2 training has gone out to 3,500 people in the organisation. There is a language and a culture there that wasn't there before, and that will continue and link to other elements of the training."

"I think we were early adopters, and the momentum I think is good around developing trauma informed practice. There's a new four nations group that I am sitting on now and there's a conference next week that we are presenting from across the four nations on that very topic… We are leading that day… there's some real momentum around it."

Challenges in embedding the SIM/USD Process

Implementation managers identified a number of ongoing challenges posed principally by the Covid-19 pandemic. A number of project/implementation teams were not able to meet as often as they had planned and some teams were temporarily stood down during the pandemic to allow staff to be re-deployed across teams to respond to other priorities.

A few organisations had been unable to pin down governance arrangements over the last number of months as other priorities arose thereby limiting progress. The area that was least developed was collaboration around commissioning of services – however, for many projects this was not an explicit focus of the support provided by SBNI in Year 3.

A number of those interviewed commented upon the additional challenge of committing to long-term organisational change within large organisations. Two representatives, in particular, reflected on the added complexity of implementing a trauma informed approach across a variety of levels within their organisation within the context of time-limited support.

"I roped in human resources and mental health colleagues and a consultant from the children's hospital, just to try to get it slightly wider across the organisation, because I felt there's a real challenge in our organisation in that we have thousands of staff and for the organisation to become a trauma informed organisation is quite a sizeable task. I am trying to see how we could do that at all different levels."

"My concern with trauma informed practice is, you are trying to change massive organisations. And the pace of change in an organisation isn't always a quick as a project - three years is not enough. Our organisation has nearly forty thousand staff - that is a big undertaking."

Related to the above point is the structural challenge of working across a fragmented healthcare system and how organisations can collaborate within it when there are a wide range of organisations. This presents challenges at a practical level as to who to liaise with to get an understanding of a particular issue.

> *"Now within our sector, there is one link that you can go to and you know who to speak to about things, whereas health is still fragmented, if you like, because of the way they are set up. And that makes it difficult for us to know… you do need that link with one person that you can go to. Especially for us when you need an answer about something quickly, if something has arisen and we want to find out what's happening there; what's the view, what's the guidance? So that is still a challenge for us to develop that. We really would like to develop better links with health."*

Other stakeholders believed that there was a significant challenge to understand what good practice looks like from which they could measure their progress. Defining actual quantitative measures was noted by a number of interviewees in terms of understanding the impact of the TIP project and their own activity and any added value which has been created as a result. This is particularly important in terms of justifying further investment in activities to embed TI principles in their organisation.

> *"I think probably in terms of things that need to be developed, are the sense of what 'good' practice looks like. I don't think we've quite thought enough yet about across the sectors, how we work that through so we can get a common sense of where the added value is. We are all under pressure and there's not a lot of patience to allow things to develop."*

> *"Sometimes it is harder to quantify impact… anecdotal feedback from parents, I think, clearly show us that we are seeing change from working in a trauma informed approach. Sometimes the difficulty is getting hard data."*

For other interviewees, the challenge in the past year has been mainly around the delivery of training. For one interviewee, the issue was about feeling fully equipped and having confidence to deliver the training considering the subject matter of the Level 1 and Level 2 training workshops. Another issue was in relation to the mode of delivery. Whilst many organisations have either delivered the training using the level 1 and level 2 e-learning package, others have expressed reservations delivering training using online platforms such as Zoom or MS Teams given the emotive and sensitive nature of the training. A number of interviewees believed that online training of this nature is, therefore, best delivered face-to-face.

"I think that was probably one of the biggest challenges we've had, is being able to confidently deliver this training, making sure that all of our students are well supported and looked after because it is very emotive… During the training we would be encouraging to make sure that they are reaching out to myself, their personal tutor, a staff member, family, just to give that reassurance that it's OK for them to have feelings."

"I think the challenges for ourselves are mostly that we cannot get the collaborative training… it really is only due to Covid that we can't get the three teams together. I think that for support whenever you are discussing ACEs, it is quite impactful on some people that maybe have had traumatic childhoods themselves. So that's why I think it's important that it's not delivered via Zoom."

Summary

Covid-19 has undoubtedly had an impact on the pace of implementation of the project in Year 3, with some organisations unable to fully implement their plans as they responded to pressures within the system and redeployed staff across teams. However, there were a number of unexpected positive impacts of the lockdown with ACEs and trauma principles, concepts and practices firmly near the top of the agenda across all sectors. Whilst the pandemic has obviously led to greater reliance on meetings via online platforms as opposed to face-to-face meetings, a number of interviewees pointed to better levels of attendance at meetings/events. The following highlights areas where significant progress has been made in Year 3:

- *Mandate for progressing ACEs/TI agenda:* The discussions with stakeholder representatives clearly show that there is a strong mandate from senior leaders and managers for moving forward with embedding TI principles and practices in their organisation. This mandate varies from organisation to organisation with all of the organisations having '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 across all teams and there is evidence of early success in this respect.
- *Impact on strategy, policy and protocols:* ACEs/TI language and terminology has been incorporated into a number of policies and strategies. In addition, there are examples where organisations are developing more joint-working protocols, for example with the PSNI working more closely with schools to alert them of potential domestic incidents that may have traumatised pupils and also of the PSNI working more closely with the health trusts. In addition to this, a number of organisations have begun the screening of policies to ensure ACEs/trauma language are built into those policies which are most relevant.

- *Collaboration:* 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 an 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, the Towards Zero Suicide pilot.
- *Staff training and development:* Many of the organisations have built training and development opportunities into their staff induction programme and have also included ACEs/TIP training and development opportunities into their own organisation's 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.

Progress has been made in other areas, for example ensuring that trauma principles are incorporated into the buildings and facilities within which services are delivered to the public. Whilst there clearly has been significant progress towards sustaining and mainstreaming trauma informed practices in organisations, when the best time to end the project is important considering that change processes in large organisations take significant amounts of time and ongoing commitment.

4.
Is anyone better off? The impact of TIP on *personal/ individual outcomes*

4. Is anyone better off? The impact of TIP on *personal/ individual outcomes*

Introduction

SBNI and its delivery partner organisation, ASCERT, continued to deliver Level 1 ACEs awareness, Level 2 Developing Trauma Sensitive Approaches to Practice Training, and Train-the-Trainer programme of professional development. However, as has been noted above, the scale of this delivery substantially reduced in Year 3 as organisations take on more responsibility for this themselves. SIM/USD implementation workshops and webinars have become a more substantive part of the work of SBNI in supporting organisations to achieve the fourth project aim of the TIP project, i.e. the development of policies and practices to embed trauma informed practice.

This section of the report shares the quantitative evaluation data for the training workshops (Level 1, Level 2 and T-4-T workshops) alongside evaluation data from one of the SIM/USD implementation webinars held in late 2020. The evaluation data for the Level 1 and Level 2 workshops focused on the extent to which participants' knowledge, confidence and skills of ACEs had improved as well as how it supported them in improving their own self-care. The Train-the-Trainer evaluation data focused on the extent to which the training has equipped participants with the skills and confidence to deliver training to their peers, whilst the SIM/USD webinar evaluation presents findings in relation to extent to which the session enhanced knowledge of SIM/USD principles and supported participants to apply the process.

Alongside this, data are presented from the qualitative focus groups/interviews in relation to the SIM/USD support sessions and the contribution they made to helping organisations further embed ACEs/Trauma principles in organisational practice.

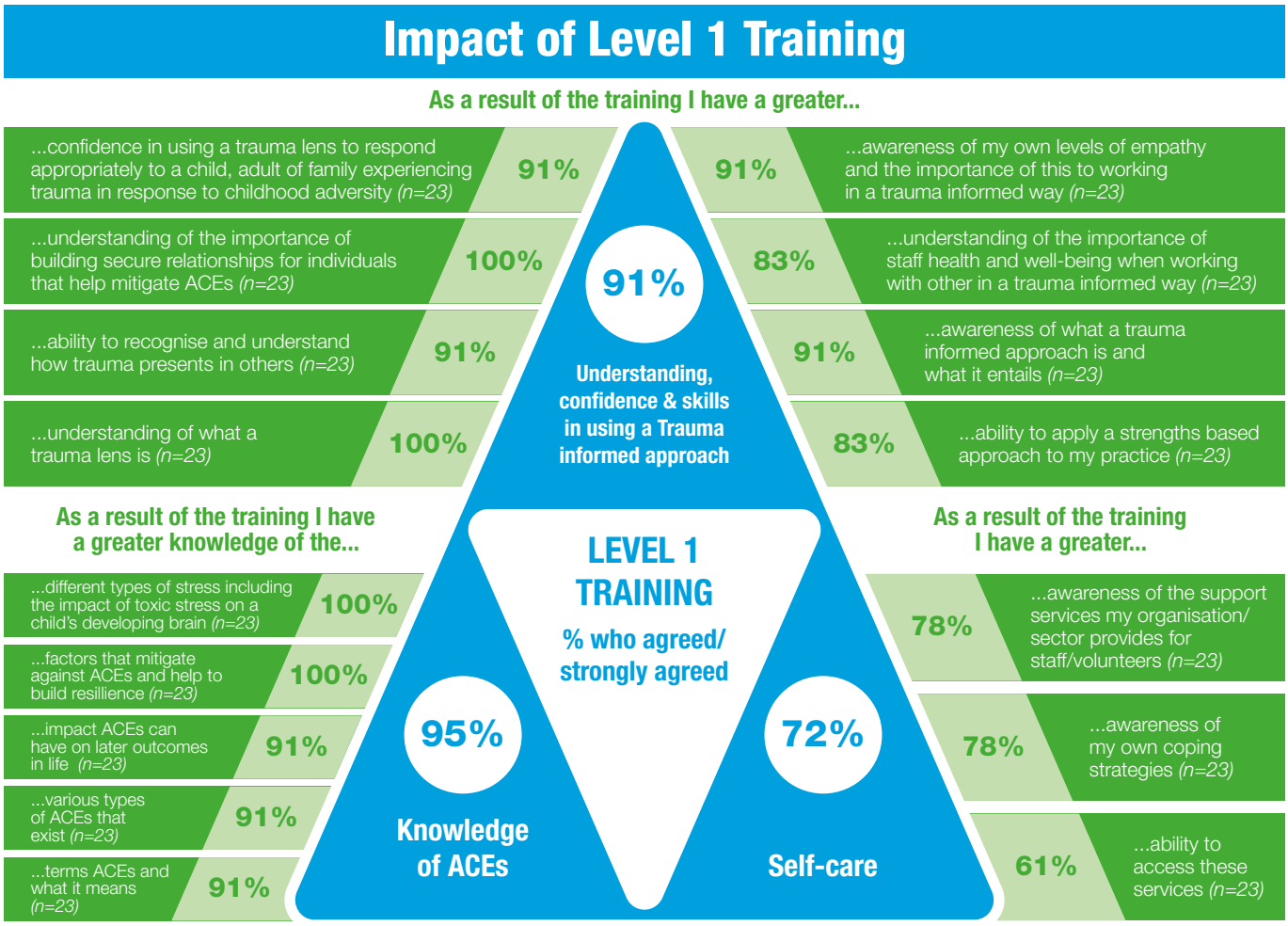
Level 1 ACEs awareness

Figure 2 below illustrates the impact of Level 1 ACEs awareness training on those who completed an evaluation form. Of the 44 people who completed the training, just over one-half completed an evaluation form. The key findings were as follows:

- **Knowledge:** The vast majority (95%) agreed or strongly agreed that the training had helped to improved knowledge of ACEs. For example, 100% of respondents stated that the training has improved knowledge of the different types of ACEs including the impact of toxic stress on a child's developing brain.
- **Skills and confidence:** A similarly high proportion (91%) of respondents stated that the training had helped to improved participants skills and confidence to be able to use a trauma informed approach in their own practice. The proportion of respondents who agreed / strongly agreed with the various statements ranged from 83% to 100%.
- **Self-care:** just under three-quarters (72%) of respondents agreed/strongly agreed that the training had improved their awareness of self-care and coping strategies and where they might go to get help if they needed it.

Overall, the findings from Year 3 are consistent with those presented in the Year 2 evaluation report and are provide evidence that the Level 1 training continues to be delivered to a high standard with similar levels of impact.

Figure 2: Impact of Level 1 ACEs awareness training



Level 2 Developing trauma sensitive approaches to practice training

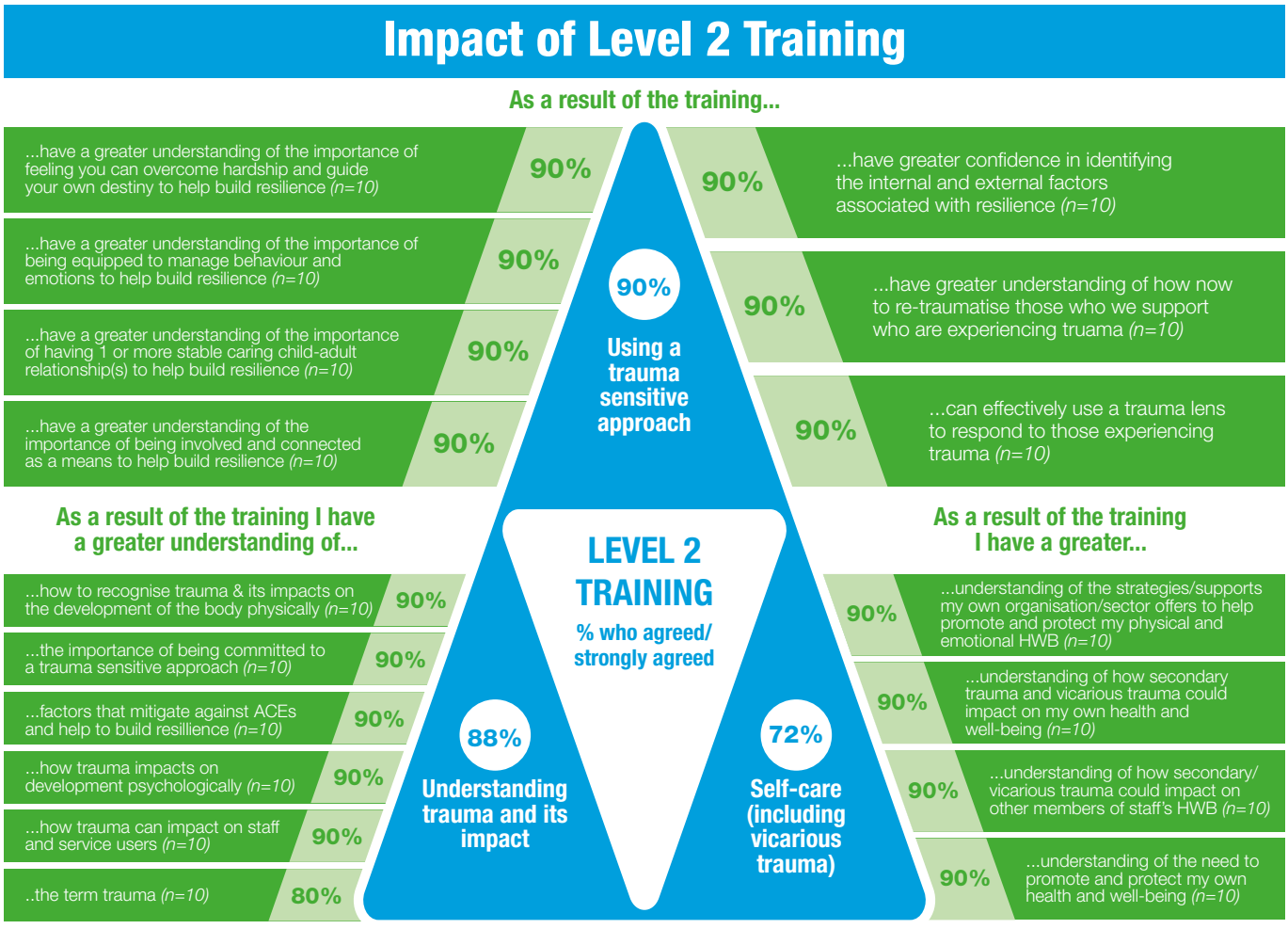
Figure 3 illustrates the impact of the Level 2 Developing trauma sensitive approaches to practice training. It should be noted that both the number of participants trained and the number of evaluations are both low[9]. The following summarises the impact of the training:

- **Understanding of trauma and its impact:** On average, 88% of respondents agreed or strongly agreed with that the training had helped to improve their understanding of trauma and its various impacts (behavioural, physical and psychological).

9 80 participants completed the training and 10 completed an evaluation form.

- **Using a trauma sensitive approach:** 90% of respondents agreed/strongly agreed that the training had supported them to the extent that they felt confident in being able to use trauma sensitive approaches in their work. For example, 90% of respondents stated that they would be able to use the trauma lens effectively in their work to support those experiencing trauma in their lives.
- **Self-care:** A similarly high-proportion (90%) agreed / strongly agreed that the training supported a greater understanding of self-care, including the importance of self-care, how vicarious trauma can impact on them and their colleagues and potential strategies that could be used to promote improved levels of self-care.

Figure 3: Impact of Level 2 Developing trauma sensitive approaches to practice training



The reported impact of the Level 2 training is consistent with last year's findings and again, it is encouraging that the training is delivered to the same quality standards.

Train-the-Trainer programme of professional development

Similar to the Level 1 and Level 2 training, the number of T4Tworkshops delivered is much reduced in Year 3 in comparison to last year. A total of 63 individuals attended train-the-trainer workshops and 21 individuals completed an evaluation form.

Impact on knowledge

In terms of knowledge, 100% of the attendees agreed or strongly agreed that the training had helped to enhance their knowledge of ACEs/trauma sensitive approaches. In addition, all of the attendees felt that this knowledge was sufficiently well developed such that could support the development of a common language and understanding of ACEs within, and across, their sector.

Figure 4: Impact of T-4-T on ACEs / TI knowledge

Knowledge	% who agree / strongly agree
My understanding of the concepts and principles underpinning a trauma sensitive approach are sufficiently developed to enable me to deliver training to others *(n=21)*	**100%**
I feel I have sufficient knowledge to be able to support the development of a common language and understanding of ACEs and trauma sensitive approaches across the sector *(n=21)*	**100%**
I have a strong understanding of the concepts and principles underpinning a trauma sensitive approach *(n=21)*	**100%**

Impact on skills and confidence

At least 90% or more of respondents noted that the training provided had boosted their skills and confidence to be able to deliver training within their own organisation. A significant component of this training is instilling the skills and confidence in trainees to manage the small group work within any training they deliver. All of the respondents (100%) stated that they felt more confident to manage the group work and associated exercises and also that they felt equipped to anticipate particular aspects of the trauma sensitive approach that others might have difficulty grasping.

Figure 5: Impact of train-the-trainer training on participants skills and confidence

Skills and confidence	% who agree / strongly agree
I feel confident to be ab le to manage the group work exercises so that everyone has an opportunity to contribute their views *(n=21)*	**100%**
I can anticipate the potential aspects of a trauma sensitive approach that might be difficult for others to grasp *(n=21)*	**100%**
I am confident I can deliver all aspects of a trauma sensitive approach to a very high standard *(n=21)*	**95%**
I feel confident that I can effectively manage groups to effectively develop those I train in the future *(n=21)*	**90%**
I am confident I can deliver all aspects of a trauma sensitive approach to a very high standard *(n=21)*	**90%**

Impact on professional development

Figure 6 illustrates the reported impact of the train-the-trainer training on participants professional development. The vast majority (95%) of respondents felt more committed to ensuring that this area of work features in their training and professional development opportunities and that it feeds into their annual review/appraisal.

Figure 6: Impact of T-4-T on participants' professional development

Professional development	% who agree / strongly agree
I have a greater interest in finding out what other training or continuous professional development opportunities might be available to me in this area *(n=21)*	**95%**
I feel more committed to ensuring this area of work is prioritised in terms of my professional development *(n=21)*	**95%**
I will try to make sure that this area of work features to a greater extent in my annual review / appraisal *(n=21)*	**95%**

Organisational support

Participants who completed an evaluation were invited to reflect on their organisation's support for them to cascade their knowledge and skills to others in their organisation via delivery of Level 1 and level 2 training courses. Overall, the vast majority (95%) of respondents felt confidence that their organisation was signed up to implementing an ACE/trauma sensitive approach across all of their work.

A slightly lower proportion – though still high in absolute terms – felt that they would have sufficient time to plan each programme delivery and undertake any changes, if necessary. However, just over one-half (56%) of respondents believed that there is a 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.

Figure 7: Organisational commitment to cascade ACEs / TI training

Organisational support	% who agree / strongly agree
My organisation is fully supportive of implementing an ACE/ trauma sensitive approach across all of our work *(n=19)*	**95%**
I am confident I will have sufficient time to reflect on/review my delivery and, if necessary, make changes *(n=17)*	**88%**
I am confident I will have enough time to plan each programme delivery *(n=16)*	**81%**
I am confident I will have enough administration support to enable smooth delivery of each programme delivery (n=18)	**56%**
My organisation has committed to three programme deliveries per year following delivery of this training *(n=18)*	**56%**

SIM/USD implementation sessions

SBNI has delivered 177 SIM/USD implementation workshops in Year 3. The vast majority of these were not formally evaluated. Notwithstanding this, we present findings from an evaluation of the SIM/USD webinar held in November 2020 below. A total of 21 people registered for this event, whilst 19 attended and 9 completed an evaluation[10].

In addition, we also present findings from the stakeholder interviews undertaken with the 12 organisations that participated in the interviews/focus groups specifically in relation to the usefulness of the SIM/USD process as an approach for further embedding ACEs/TI principles and encouraging greater levels of collaboration within, and across sectors.

SIM/USD webinar evaluation findings

Two-thirds (67%) or more of attendees stated that as a result of attending the webinar their knowledge of the various aspects of the SIM and USD model had improved. For example, 78% of respondents stated that their understanding of the various intercept points in the SIM/USD process where an individual may come into contact, and flow through, services had improved.

10 A more recent SIM/USD webinar was held in January 2021, however the number of participants completing the evaluation was too low to report without potentially identifying respondents.

Table 17: Knowledge of SIM and USD Process

As a result of attending this webinar, I have a greater understanding of…	% agreed/strongly agreed
▶ The various intercept points in the SIM and USD model where an individual may come in contact with, and flow through, services within the sector and across the system	78% (7 of 9)
▶ How the SIM/USD models can be used as a strategic planning tool to encourage greater collaboration to support individuals and families at the earliest stage.	67% (6 of 9)
▶ The importance of collaborating across agencies to help secure better outcomes for individuals, families and ensure effective service provision	78% (7 of 9)
▶ The importance of intervening earlier when problems and issues emerge	67% (6 of 9)

Between 63% and 78% of respondents stated that the webinar had supported an improved knowledge of the Universal Service Delivery process alongside the underpinning SAMHSA domains. Encouragingly, 78% of attendees stated that their understanding of how a trauma informed approach within service delivery can enable effective assessments of need, implementation of care, care review, transition and exit planning processes. These findings are illustrated in Table 18 below.

Table 18: Knowledge of USD underpinned by SAMHSA domains

As a result of attending this webinar, I have a greater understanding of…	% agreed/strongly agreed
▶ The Universal Service Delivery Process	63% (5 of 8)
▶ The ten SAMHSA domains that support an organisation to becoming Trauma Informed	67% (6 of 9)
▶ SAMHSA's 6 Principles of Trauma Informed Care and how they should be applied within a trauma review of service delivery within our organisation and across the system	67% (6 of 9)
▶ How a trauma informed approach within service delivery across an organisation can enable effective assessments of need, implementation of care, care review, transition and exit planning processes	78% (7 of 9)
▶ How a trauma informed approach within service delivery across an organisation can enable effective monitoring and evaluation to determine if anyone is better off and how	67% (6 of 9)

Just over one-half (56%) to two-thirds (67%) of respondents stated that they could see how the SIM/USD process could be implemented in their organisation.

Table 19: Application of learning

As a result of attending this webinar…	% agreed/strongly agreed
▶ I can see how the SIM/USD approach could be used within my organisation and/or in partnership with (an)other organisation(s) to enable us to become more trauma responsive within our service delivery	56% (5 of 9)
▶ I can see how the SIM/USD approach could be used within my organisation and/or in partnership with (an)other organisation(s) to enable us to become more trauma responsive in our strategic decision making and planning processes within our organisation	56% (5 of 9)
▶ I have been able to identify a specific area of work where one or more of the 10 SAMHSA domains could be applied as my organisation continues its trauma review	67% (6 of 9)
▶ I feel like our organisation is making good progress in terms of its understanding and journey towards implementing the SIM/USD process	56% (5 of 9)

Seven attendees provided qualitative feedback as part of the webinar evaluation on why/why not they thought their organisation was/was not making good progress. The comments suggest that progress in implementing a SIM/USD approach was not because of any lack of interest – a number had said that there was buy-in in certain parts of the organisation that now needed to go organisation-wide whilst others said that they would require more information and support within their organisation.

> *"At local levels implementation is moving forward. We now need to take it to an organisational level and get buy in from senior staff.*

> *"More information and understanding required to enable consideration of strategy and implementation if required."*

The stakeholder interviews and focus groups reveal varying rates of progress in implementing the SIM/USD process. The approach adopted depended very much on the extent to which the organisation was service-user facing with a small number of organisations stating that SIM/USD process was not as relevant within their organisational context.

"It's very difficult for us in the sense that we don't provide a direct service… So the model doesn't sit well with the way in which we work.

However, the SIM/USD process was viewed as particularly relevant to the work of most of the organisations that participated in the interviews and focus groups as they sought to build closer relationships with organisations within, and across, sectors to better meet the needs of their service users. The initial focus in Year 3 has been on ensuring as many stakeholders as possible have been equipped with an overview of the model and how it might be implemented. Covid-19 has had a significant impact on the organisation's ability to fully embed the SIM/USD process for the variety of reasons as alluded to above. The flexibility and understanding shown by SBNI were noted by all of the stakeholders as well as their willingness and adapt and work with stakeholders to implement the SIM/USD process realistic pace given the context.

"[SBNI] has been a driving force in encouraging and enabling us to the point we are currently and without her support, we could not have achieved progress to date. [SBNI] has assisted us with every aspect of progress and pilots and in the formulation of TOR, scoping tool and all other documentation."

"But currently at the moment it's really only health staff. But we want to involve the police and the paramedics in the training. There's been conversations around it with them. But just for Covid, we are not doing face to face at the moment, so we are not all together in the same group, which is proving a wee bit difficult."

In terms of their initial exposure to the SIM/USD model, a number of interviewees stated that they felt the approach seemed very complex and difficult to grasp at first. The support provided by SBNI was very much welcomed in terms aiding knowledge and understanding of the various components of the SIM/USD process and the support provided to make it practical to implement. It was clear from the stakeholder interviews that organisations felt supported from the outset to implement the SIM/USD process and this support extended beyond core teams, to other groups of important stakeholders (e.g. governing bodies). This support was provided as, and when, it was needed which organisations greatly valued.

"When you look at the diagrams for it… I find it visually very complex to look at. Having had it explained to me, even though I learned about it on the programme, every time I hear [SBNI] speak about it… I get that now and it makes more sense to me every time."

"At heart, there are very simple principles, but it was just the language and how it was presented was too complicated."

"[SBNI] has also delivered it, not only to staff in school, but also to [our governors]. [SBNI and CSSC] joined all of our governors' meetings went through it with the board of governors. So yes, they have really been excellent in delivering that."

"I suppose the only thing that didn't work was… the language. And it wasn't just me, because I shared the information with the others, and they found it hard to get their head around. SBNI … broke it down more simply."

Organisations have adopted a variety of approaches to implementation – some have sought to embed the SIM/USD process within a particular team, whilst other organisations have selected a number of service areas or pilots in which to embed the approach. There was a recognition that embedding the model across large organisations (e.g. Trusts) was a challenging and complex task that would take significant amounts of effort to get sufficient awareness of the SIM/USD process embedded before the implementation journey fully commences and is rolled out across other areas of work and wider partners. Other organisations have focused on particular aspects of the model, e.g. the Universal Service Delivery element, but have plans to look at the servicer user intercept points as part of SIM model.

"For big organisations, there is a massive piece of awareness raising before you ever get anywhere near trying to figure those bits of it out. But maybe that's me looking at it in too linear a way, and maybe it does need to be a bit more… well this is the journey and this bit will go here."

"We've used the USD process to map entry into the youth justice system, entry into our organisation. We are going to be using it again to map our restorative justice conferencing model. We are using it to map key areas that we want to look at, and then we'll be taking forward the learning… We haven't done the full SIM bit in terms of looking at the intercept. But we intend to do that…to build on the USD. And look at our partners and then approach them and have another workshop, basically, involving them. So we've started that process and we have plans to carry that out."

It was also apparent from the stakeholder interviews that organisations had sought to adapt the SIM/USD process to both simply the language used to make it more user-friendly, and to tailor it to the context within which they worked. One organisation sought to pilot the approach via. a series of focus groups to provide service staff with an opportunity to provide feedback on the fit of the SIM/USD process for their service and any adaptations that might be needed.

"We had an initial presentation from [SBNI], which was excellent. [SBNI] sent us a paper sharing how [they] saw the SIM and USD being applied to support hubs. We put some of that into our own language to make it a wee bit more user friendly. For example, when they talk about intercepts, the operational officers need to understand, well what does that actually mean for them? So we would maybe talk in terms of intervention. In a couple of weeks' time we are taking that forward with wider operational officers. SBNI has also spoken individually to the two support hub chairs and just given them an understanding of SIM and they will take this forward."

"The SIM/USD process actually worked pretty well. The USD application of the model, once you'd worked out where it fitted, was absolutely spot on. I mean we had to change and add to it a little bit. The four Rs are Realisation, Recognising, Responding and Resisting re-traumatisation… the Resisting re-traumatisation, for me and for us that was more about future proofing, is what I called it. So it's not… you couldn't hand on heart say specifically it is simply resisting re-traumatisation. It is a slightly wider bit than that."

"Initially the SIM model primarily came from the criminal justice sector. One of the other issues that we are going to be looking at here is how we use that model in a very different client group. And our two focus groups are from very different client groups. So some element of comparing and contrasting of findings from the focus groups around, are there commonalities? Are there similarities? Are the issues that are emerging that are very different? And is the model useful for both client groups?"

Overall, the findings suggest that organisations have received high levels of tailored support to help them implement the SIM/USD process with organisations feeling confident that it provides the right framework within which to enable stakeholders to progress interagency collaboration to better meet the needs of service users.

"I think it could be a real success for us, because it provides us with a model… and a really clear framework that you can put around people, that can allow them to get to the place that they want to, which I think is great."

Summary

The suite of core training programmes continues to have a positive impact on individuals' knowledge, skills and confidence, albeit that the scale of delivery has reduced given the focus on activities to embed the SIM/USD model. The following points summarise the impact of training and support activities on individuals' knowledge, skills and confidence:

- *Level 1 ACEs awareness.* The vast majority (95%) agreed or strongly agreed that the training had helped to improve knowledge of ACEs and a similarly high proportion (91%) of respondents stated that the training had helped to improve participants skills and confidence to be able to use a trauma informed approach in their own practice. In terms of self-care just under three-quarters (72%) of respondents agreed/strongly agreed that the training had improved their awareness of self-care and coping strategies and where they might go to get help if they needed it.
- *Level 2 Developing trauma sensitive approaches to practice training:* On average, 88% of respondents agreed or strongly agreed with that the training had helped to improve their understanding of trauma and its various impacts (behavioural, physical and psychological). A slightly higher proportion (90%) of respondents agreed/strongly agreed that the training had supported them to the extent that they felt confident in being able to use trauma sensitive approaches and tools (e.g. trauma lens) in their work. A similarly high-proportion (90%) agreed / strongly agreed that the training supported a greater understanding of self-care, including the importance of self-care, how vicarious trauma can impact on them and their colleagues.
- *Train-the-Trainer Programme of Professional Development:* In terms of knowledge, 100% of the attendees agreed or strongly agreed that the training had helped to enhance their knowledge of ACEs/trauma sensitive approaches. At least 90% or more of respondents noted that the training provided had boosted their skills and confidence to be able manage small groups and to deliver training within their own organisation. Respondents to the evaluation also expressed high levels of optimism that their organisation supported this area of work more broadly. However, just over one-half (56%) of respondents believed that there is 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.
- *SIM/USD implementation support:* An evaluation of the SIM/USD webinar revealed that it helped to improve knowledge, skills and confidence for about two-thirds of respondents. The findings from the interviews and focus groups show that some stakeholders had initially struggled to understand some of the concepts and terms used, however the expertise of the SBNI implementation help to promote 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.

5. Conclusions and implications for on-going project delivery

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Introduction

In this section of the report, an assessment is made of the extent to which each of the year 3 TIP project sub-objectives have been met alongside any implications for project delivery going forward. The conclusions sub-section is structured under each of the sub-headings.

Conclusions

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.

In Year 3, 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 acknowledging the impact of the pandemic on their ability to deliver against plans that were set in early 2020. They also acknowledge 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 participants 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. 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 addition, 2,733 participants completed an online e-learning course/ module.

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, a only 56% of respondents believed that there is 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 help to promote 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 has intended to take organisations on the journey. There is now a need for organisations to take more responsibility for gaining full organisational buy-in and for organisations to take responsibility for screening policies and strategies to ensure ACEs/trauma informed principles are included, where relevant.

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 – 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.

Implication 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 and indeed gave numerous examples of where they are keen to exercise this responsibility. 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.

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NATIONAL CHILDREN'S BUREAU