Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings

GUIDANCE ON HOW TO DEVELOP TRAUMA-INFORMED ORGANISATIONS

SOS CHILDREN'S VILLAGES

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Safe Places Thriving Children

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TABLE OF CONTENTS

INTRODUCTION

Adverse childhood experiences (ACEs) can result in trauma and, as a consequence, cause detrimental outcomes for children that can last throughout their adulthood. This is particularly known to be a feature in the lives of many children and young people who have experienced alternative care.

It is important that organisations working to support children and young people in alternative care, recognise, respond to, and support those who experience trauma. This means embedding a trauma-informed approach within an organisation. A way to achieve this is through a process known as organisational development (OD) – this means taking steps to positively develop and change policy, strategies and processes in order to improve capacity, practice, and effectiveness.

This document, "*Guidance on How to Develop Trauma-Informed Organisations*," has been specifically written with the aim of helping organisations take these steps in order to become trauma-informed. To do this, the document provides a brief description of:

- What is meant by adverse childhood experiences, trauma, and trauma-informed practice.
- What is organisational culture, change and development, and some of the key issues for alternative care organisations to consider as they move toward becoming trauma-informed.
- Five key values that are particularly important to consider when establishing a trauma-informed culture within an organisation.
- Some tools for planning, implementation and evaluation of trauma-informed practice within an organisation.
- The importance of identifying and involving stakeholders in the process of an organisation becoming trauma-informed.

This document has been developed as part of "*Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings*", an EU co-funded project that also includes the publication of a Practice Guidance (*https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf*); the implementation of a training programme for those working directly with children and young people affected by trauma; and a series of e-learning modules introducing the concept of trauma-informed practice (*https://childhub.org/en/online-learning-materials/trauma-and-alternative-care*). The content of this project was informed by a consultation exercise carried out in six participating countries: Belgium, Bulgaria, Croatia, Greece, Hungary and Serbia. This involved asking care-experienced young people and professionals who work with them about their understanding and ideas on trauma-informed practice.

During the consultation, professionals said the impact of trauma is very rarely taken into consideration in the planning, policy or decision-making within their organisations. They also explained some of the reasons why. This includes the lack of

investment in, or access to, ongoing professional development on the topic of trauma. In addition, there are concerns about the challenge of translating what is learnt during training into actual practice within organisations. They believe a generally poor understanding of the topic is in part due to the lack of data that would alert people to the prevalence of children and young people affected by trauma, as well as help to facilitate the sharing of promising practice. Professionals also think the low-level inter-disciplinary approaches to work is a contributing factor. These overall concerns are illustrated in the following quote from a respondent who wrote:

"Some professionals have implemented trauma-sensitive practices for children, and sometimes their parents, as well in their organisations. However, in most organisations trauma is not discussed for every child as part of their planning/ decision-making, or it is not discussed at all."

Such experiences show the need for organisations to take steps in becoming trauma-informed.

SECTION 1

What do we mean by trauma and being trauma-informed?

SECTION 1: WHAT DO WE MEAN BY TRAUMA AND BEING TRAUMA-INFORMED?

WHAT IS TRAUMA?

Many children and young people in alternative care may have been exposed to Adverse Childhood Experiences (ACEs). Trauma has been described as the result of exposure to - and the experiencing of - adverse experiences and the impact they have on someone's life. This can be a "single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social and emotional wellbeing."[1]

The most common type of trauma seen in care-experienced children and young people tends to be what is known as "complex trauma". This may be caused by:

- Adverse experiences (such as physical, emotional and sexual abuse and severe neglect) that may take place within relationships with people whom the child should have been able to trust.
- Many adverse experiences over time.
- Adverse experiences which take place from a very early age.
- The sustained absence of safe, nurturing and stimulating care.

Some of these adverse experiences include:

- Separation from family members.
- Witnessing or experiencing physical and psychological abuse and sexual violence.
- Having a loved one die.
- Being abandoned.
- Fleeing war.
- Being displaced due to natural disasters.
- Being seriously neglected.

Adverse childhood experiences that may result in trauma can cause long-term harm to children's physical, social and emotional development and well-being. This can include detrimental changes in a child's emotional responses; an impaired ability to

1. SAMHSA (2014). Concept of trauma and guidance for a trauma-informed approach. Page 7. Available at: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

think, learn, and concentrate; poor impulse control; lack of positive self-image; poor attachments to caregivers; and difficulty in building and maintaining relationships with others.
Across a life span, complex trauma caused by early adverse childhood experiences has been linked to a wide range of problems in adulthood including addiction, depression, and anxiety as well as risk-taking behaviour. In turn, this can lead to a greater likelihood of chronic ill health including obesity, diabetes, heart disease, cancer, and even early death. Further information can be found in the Practice Guidance developed for this project[2]. A course comprising six online modules can also be found at (*https://childhub.org/en/online-learning-materials/trauma-and-alternative-care*).

WHY IS IT IMPORTANT THAT ORGANISATIONS ARE AWARE OF TRAUMA AND BECOME TRAUMA-INFORMED?

Organisations providing alternative care are in an important position to be able to recognise children and young people who have been affected by trauma and support them in their recovery. However, there are some organisations that do not have procedures that are trauma-informed and do not offer such support. Indeed, they may be operating in a manner that inadvertently triggers trauma memories, worsens the impact, or even further traumatises the child. For example, the way in which a child is taken into an alternative care setting can be frightening and trigger memories and/or new feelings of loss, separation and powerlessness. This is why it is so important for alternative care organisations to be trauma-informed and have the appropriate policies procedures and practices.

Organisations that are trauma-informed can however, increase possibilities for the children and young people to feel safe in the care of the organisation, to trust adults, experience nurturing relationships, learn how to manage feelings, and cope with difficult situations in life. All of this can contribute to care-experienced young people realising positive opportunities in their childhood, youth and into adult life.

WHAT SHOULD ORGANISATIONS CONSIDER WHEN TAKING STEPS TO BECOME TRAUMA-INFORMED?

When thinking about change, organisations supporting care-experienced children and young people need to recognise and understand not only how they operate within a socio-economic, political and cultural system, but how adverse childhood experiences that may result in trauma, also take place, and may be impacted by, different aspects of this wider context.

2. “Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings” Practice Guidance. Available at: https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf

This is something that was highlighted by the psychologist, Urie Bronfenbrenner[3], who devised a model to help us understand the different factors that can impact on the life experiences of a child – including the context and influence of family, community, and the prevailing culture. This model is illustrated in the following diagram:

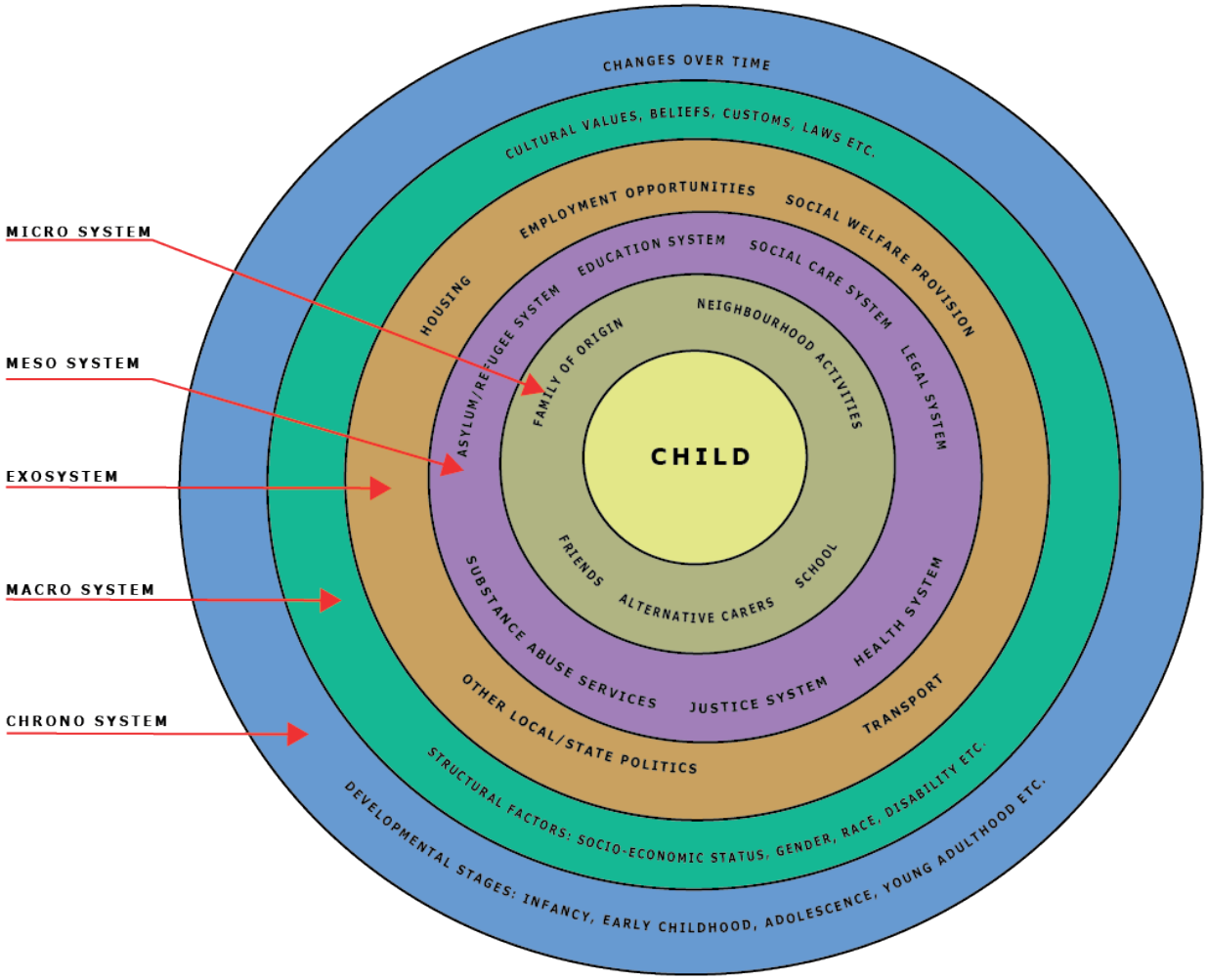


FIGURE 1
ADAPTATION OF BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY[4]

As can be seen from the diagram, social care services, that includes the provision of alternative care, form part of the "meso system." We can also see the many different elements of the five "ecological systems" that may influence and impact on the experiences of children. For example, cultural values that mean children are not always adequately protected from violence and abuse, and/or supported when such adverse experiences occur.

3. Bronfenbrenner, U. (1977) Ecological Systems Theory.
Available at: https://www.simplypsychology.org/Bronfenbrenner.html Should be footnote number
4. Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings" Practice Guidance (page 22).
Available at: https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf

This diagram illustrates the way an organisation should place the child at the centre of their work, including full and meaningful participation of the child and their family in all decision making. The situation of the family as a whole and the external factors that impact on the well-being of the family and other significate caregivers must be considered, including a focus on supporting the family as a whole. It also means taking into consideration such factors as the local community, school, health services and other resources, reflecting on the cultural and social norms, and ensuring there is a multi-disciplinary approach to supporting children, young people and their families.

WHAT DOES BEING A TRAUMA-INFORMED ORGANISATION MEAN?

Being an organisation that is trauma-informed means its involvement with children and young people is based on a sound knowledge and understanding about the way adverse childhood experiences and any resulting trauma might affect them, the trauma these experiences can cause, and the incorporation of this knowledge into **all** aspects of response and service delivery.

If an organisation is trauma-informed, it means it will be in a better position to:

- Identify children and young people who are affected by trauma.
- Avoid any practices that might lead to a child or young person being traumatised and/or re-traumatised.
- Contribute to the care-experienced child or young person's recovery from trauma.[5]
- Ensure full and meaningful child participation in shaping and evaluating the care they are being provided.

Most importantly, it should also be recognised that while adverse childhood experiences can lead to poor outcomes for care-experienced children and young people, this is not inevitable. There are many instances of children and young people who have come through adverse experiences in early childhood and have gone on to live happy and productive lives. A factor contributing to this is a child's own ***resilience***.

Resilience is a child's ability to withstand adversity and bounce back from difficult life events. Four broad factors have been associated with resilience:

1. Positive individual characteristics like a child's temperament and how well they can cope with different situations.
2. Good family support.
3. A positive cultural environment that promotes the protection and support of children.
4. A supportive person or organisation outside of the family.[6]

5. For more information on what trauma and trauma-informed practice means, you can go to Module 1 of our online course entitled *"Trauma and alternative care: an introduction to using a trauma-informed approach"* which can be accessed at *https://childhub.org/en/online-learning-materials/trauma-and-alternative-care*

6. Adapted from: Atwool, N. (2006) "Attachment and resilience: Implications for children in care" Child Care in Practice, 12: 4, pp. 315-330.
Available at: https://www.researchgate.net/profile/Nicola-Atwool/publication/228375717_Attachment_and_Resilience_Implications_for_Children_in_Care/links/54ef7fed0cf25f74d7227c91/Attachment-and-Resilience-Implications-for-Children-in-Care.pdf

It is important therefore, that organisations come to a position that focusses on enhancing protective factors that will help children and young people develop their individual strengths and self-protection. If an organisation adopts these measures when becoming trauma-informed, it can help children and young people build resilience and contribute in a positive way to the trauma recovery journey. Examples of protective factors include aiding positive experiences of care-giving relationships, promoting and supporting access to good quality education, and helping children and young people develop strong social networks. You will find more information in Chapter 7 of the Practice Guidance developed for this project.[7]

7. "Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings" Practice Guidance.
Available at: https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf

SECTION 2

What is organisational culture and organisational change and development?

SECTION 2: WHAT IS ORGANISATIONAL CULTURE AND ORGANISATIONAL CHANGE AND DEVELOPMENT?

WHAT IS MEANT BY ORGANISATIONAL CULTURE?

Organisational culture has been defined as the "set of beliefs, values and meanings that are shared by members of an organisation."[8]

It is important to consider the culture of an organisation providing alternative care when establishing a trauma-informed approach. This is because the way an organisation functions should also incorporate a set of values that are appropriate to supporting children affected by trauma. These values should be embedded and understood at every level of the organisation. They should be reflected in all the actions taken by those working within an organisation, from their first contact with a child or young person, through to the way decisions are made about their alternative care placements, and the relationships staff and caregivers have with children and young people, and with each other.

FIVE KEY VALUES TO CONSIDER WHEN UNDERTAKING ORGANISATIONAL DEVELOPMENT THAT RESULTS IN A TRAUMA-INFORMED ORGANISATIONAL CULTURE

The Practice Guidance[9] that was developed for this project emphasised that trauma recovery is only possible within consistent caring relationships. It also emphasises the importance of different professionals and organisations working in partnership.

In addition, five key values have been identified by two experts in the field of trauma, Maxine Harris and Roger Fallot[10], as being particularly important when establishing a trauma-informed culture within an organisation. They include:

8. Austin, Michael J, and Jennette Claassen (2008) "Impact of organisational culture: implications for introducing evidence-based practice" Journal of Evidence-Based Social Work, 5:1, pp. 321-359
9. "Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings" Practice Guidance.
Available at: https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf
10. Harris, M., & Fallot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. Jossey-Bass/Wiley. Harris, M. and Fallot, R.D. (2009) Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol. Community Connections, Washington DC.
Available at: https://www.theannainstitute.org/CCTICSELFASSPP.pdf

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

Safety means ensuring the physical and emotional safety of the child or young person, and is often seen as the first important step in developing a trauma-informed culture. **Trust** means that the organisation and its staff build trust between themselves and the children and young people they are supporting, including striving at all times not to let them down and doing what they say they will do. Trust can be evident in the establishment of consistent practice and boundaries, and the clarity of what can be realistically expected in service provision. **Choice** means giving the child or young person options and providing them with as much control over their decisions as possible. **Collaboration** is making decisions with the child or young person. **Empowerment** means focusing on the child or young person's strengths and helping them to develop stronger coping skills.

These values interact with each other. Hence the more choice a child or young person has, and the more control they have over their care experience through a collaborative effort with staff, carers and volunteers, the more likely it is that they will benefit from the alternative care services provided by the organisation, and the more effective those services can be.

Building a trauma-informed culture means integrating these values into the way an organisation functions. This is important because, from the information given by professionals and caregivers during the consultation exercise for this project, we understand that just attending training and learning about trauma is not enough to bring about change. Too often, when someone attends training, they return to a workplace where the organisation's culture, values and systems make it difficult to implement the changes they have been trained on. For example, a staff member learns how they need to spend more time with each child individually to help them develop a particular skill to build their resilience. However, their organisation has no ability, or perhaps willingness, to provide the time and resources necessary to facilitate such activity. The staff member has become trauma-informed, but because the organisation is not trauma-informed, they are not supported to implement what they have learnt. This can also lead to the frustration of the staff member and perhaps discord within a team.

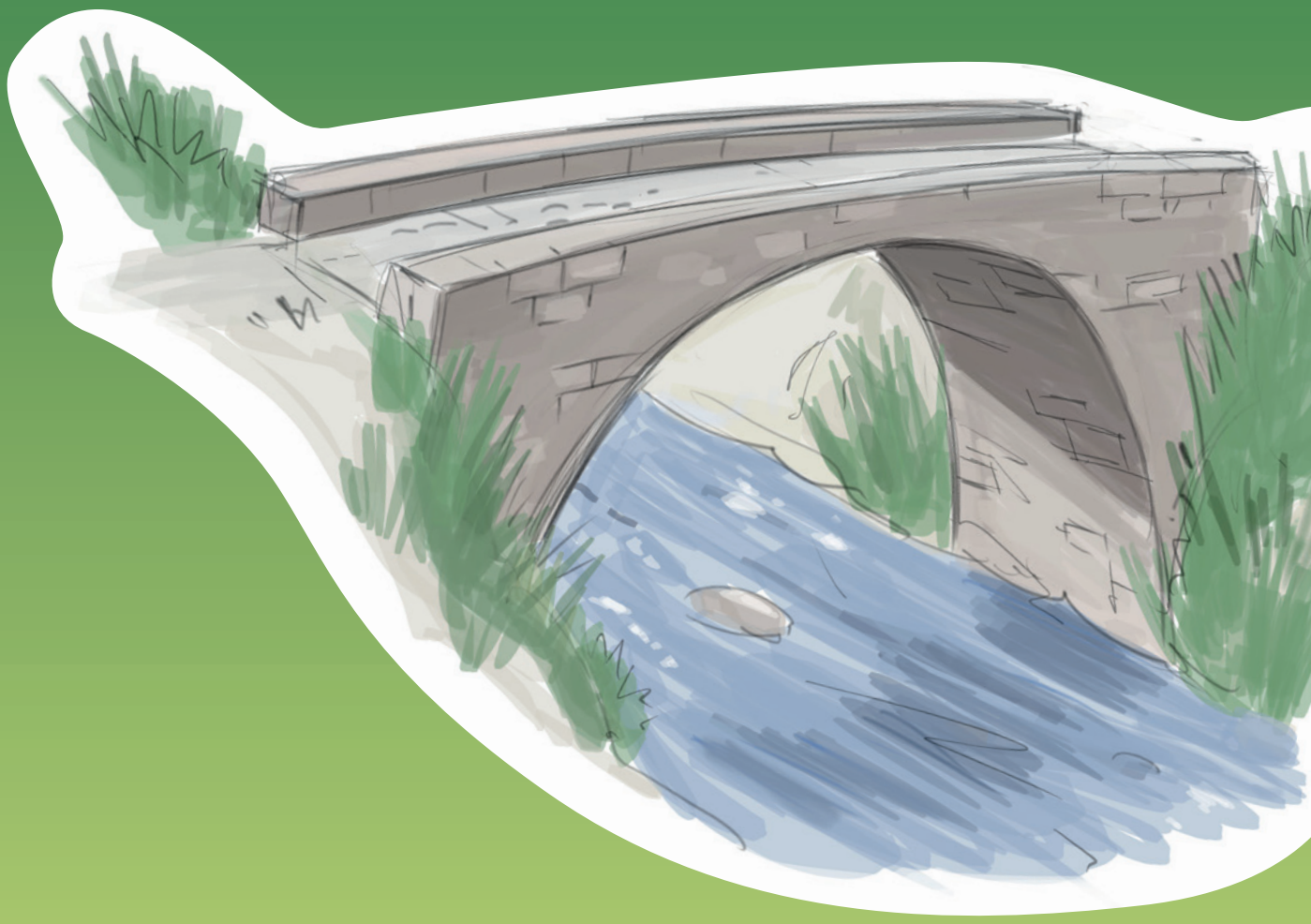
Later in this OD Guidance Document, we will be exploring ways to integrate these values into all levels of an organisation.

WHAT IS MEANT BY ORGANISATIONAL DEVELOPMENT?

Organisational development is a process encompassing steps to positively develop and change policy, strategies and processes in order to improve capacity, practice, and effectiveness.

Undertaking organisational development involves steps to:

- Examine and review the organisation's culture and the way in which it functions.
- Identify where positive changes can be made.
- Take appropriate actions to make such change.
- Be mindful of the language used about children's trauma and reframing this.



SECTION 3

Beginning the process of organisational development and taking steps toward becoming a trauma-informed organisation

SECTION 3: BEGINNING THE PROCESS OF ORGANISATIONAL DEVELOPMENT AND TAKING STEPS TOWARD BECOMING A TRAUMA-INFORMED ORGANISATION

In this section of the OD Guidance Document, we will consider the different steps to be taken when starting to plan and implement an organisational development process that will help embed a trauma-informed approach. This includes:

1. Commitment to becoming a trauma-informed organisation.
2. The formation of a working group to steer the organisational development process.
3. Supporting staff and other stakeholders.
4. Dissemination of information.
5. Undertaking a review of current trauma-informed practice within an organisation.

1. COMMITTING TO BECOMING A TRAUMA-INFORMED ORGANISATION

Any organisation seeking to become trauma-informed must first ensure it is fully committed to making changes and undertaking an organisational development process. This means positive leadership and, as we will explore below, a process that ensures the informed and meaningful participation of staff and other stakeholders - such as care-experienced children, caregivers, other service users, board members, partner organisations, and others - in all steps and phases of change.

2. FORMATION OF A WORKING GROUP TO TAKE FORWARD THE ORGANISATIONAL DEVELOPMENT PROCESS

An organisational development process should be led by a **change working group that has the authority** to lead the process. This working group should have representation and participation from different stakeholders - including managers, staff, representatives of care-experienced young people and caregivers, volunteers, and others.

3. SUPPORTING STAFF AND OTHER STAKEHOLDERS

If change is managed well, it should become accepted and welcomed, and have a positive impact on the way people work with and support children and young people in a trauma-informed manner. This will involve careful support of staff and other stakeholders throughout the entire organisational development process – including keeping them fully informed and reassured, providing space for reflection and questions, and ensuring they feel they are an integral and important part of changes being made.

When embarking on an organisational development process, it is important to recognise how such an exercise can take people out of their "comfort zone." For example, even the most positive organisational change can be experienced as uncomfortable and may cause stress and anxiety for staff. Most of the research indicates that in the first instance, people are resistant to organisational change.

Part of the organisational development process is therefore, recognising and responding to how people are feeling about any planned and implemented changes. A model to help understand the feelings associated with change has been developed by two professionals working in a UK university, Alison Young and Terry Lockhart.[11] It is called the "Transition Curve." This model outlines seven stages of feelings and the reactions that might be encountered by staff and other stakeholders during any organisational development process.

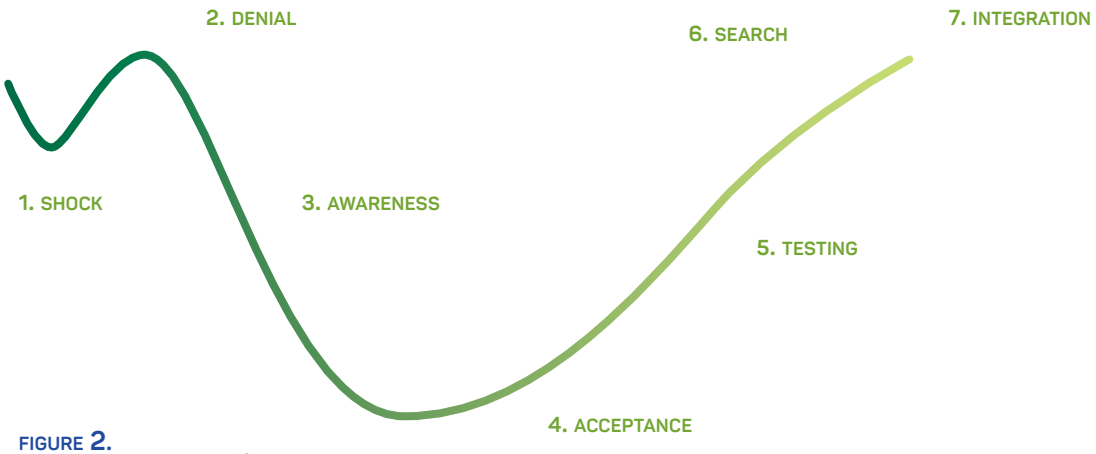


FIGURE 2.
THE TRANSITION CURVE[12]

11. Young, A. and Lockhart, T. (1995) A cycle of change: The Transition Curve. Cranfield University School of Management. Available at: https://www.ucd.ie/t4cms/Transition%20Curve%20Cranfield%20Article.pdf#:~:text=A%20Cycle%20of%20Change%3A%20The%20Transition%20Curve%20CCED%2FCS027-01%2FTL-AY,the%20organisation%20will%20respond%20in%20the%20appropriate%20way
12. ibid.

These seven phases are described in more detail below:

PHASE ONE: SHOCK

This first phase describes the shock or surprise that may arise when someone first encounters any steps toward change.

PHASE TWO: DENIAL

The person denies that the change is happening. For example, they may personally think that the change is not going to be any different from what they were doing anyway.

PHASE THREE: AWARENESS

This phase brings an awareness that the changes that are happening are real. The person becomes emotionally engaged with the new situation and may experience feelings of frustration or confusion about how to perform their role in the new circumstance.

PHASE FOUR: ACCEPTANCE

The person fully accepts the reality of the new situation. They begin to let go of attitudes and behaviours that were inappropriate or effective only for the way the organisation used to function. They may begin to identify new behaviours that fit with the new reality.

PHASE FIVE: TESTING

Acceptance of change and the identification of new behaviours is followed by the phase of starting to test them out. The new behaviours they begin to implement may be effective and achieve the desired outcomes. However, at other times, the person may need to work harder to practice their new abilities.

PHASE SIX: SEARCH FOR MEANING

Rather than just trying out new behaviours, this stage also involves exploring and questioning why certain behaviours are effective, and why others may be ineffective. This knowledge enables the person to take more control over their work.

PHASE SEVEN: INTEGRATION

The final stage is characterised by the individual taking ownership of their newly acquired behaviours and thereby increasing their sense of confidence and competence to a level higher than before. Their new ways of doing things become integrated into their everyday work.

We can see from the “Transition Curve” model how important it is to understand the different feelings various participants may have during the process of change – particularly staff, but also other stakeholders including service users.

To help recognise and understand the feelings being experienced by participants during the organisational development process, it is important to constantly consider these three questions:

1. Are all participants who should be engaging in the organisational development process being enabled to play an active role, or are some remaining passive?
2. Do the proposed changes alter the identity or sense of self of participants, e.g. staff members' ability and/or pride and confidence in their work?
3. Do the participants perceive themselves as winning or losing anything in their role as a result of change?

To help counter any negative feelings and resistance, research indicates how change is best received, and more likely to be successful, when all participants play an **active part in an organisational development process**. To do this, efforts must be made to ensure they:

- Are given an opportunity to state their concerns and feelings and to have these truly listened to.
- Feel that their professional identity - and other roles participants may play - remains intact.
- Feel they are not losing anything because of the change.

4. IMPROVING ENGAGEMENT IN THE ORGANISATIONAL DEVELOPMENT PROCESS BY SHARING INFORMATION

It is important to continue to share information with everyone involved in the organisation and the organisational development process. This will help achieve a full awareness and understanding of the changes the organisation aims to make and the steps that will be taken to bring about these changes. This should include awareness of:

- The scope of the process including expected changes to the culture of the agency, i.e. policy, processes and practices, which will allow it to become more trauma-informed.
- The timeline (a suggested one to two years – please see Section 4 below) to be met when implementing changes.

5. REVIEWING CURRENT KNOWLEDGE, UNDERSTANDING AND PRACTICES RELATED TO BEING TRAUMA-INFORMED WITHIN AN ORGANISATION

A very important first step to be taken at the beginning of any organisational development process is to involve as many stakeholders as possible in a participatory process to review the organisation's culture and practice. This assessment process should assess current trauma-informed practice within the organisation by asking these two questions:

- How well is the organisation currently doing in relation to being trauma-informed?
- What changes need to be made?

To help your organisation take this step, an **Assessment Checklist** has been provided as Appendix One.

This assessment process should be undertaken before you move on to develop and implement any plans for change. The assessment is also important as it will also provide you with a baseline against which future changes can be measured – something discussed in greater detail later in this OD Guidance Document. This assessment process might be led by the change working group mentioned in Section 3 of this OD Guidance Document. It should be an inclusive process involving management, staff, children and young people, and all other relevant stakeholders.

SECTION 4

Implementing and consolidating trauma-informed practice within an organisation

SECTION 4: IMPLEMENTING AND CONSOLIDATING TRAUMA-INFORMED PRACTICE WITHIN AN ORGANISATION

The goal of the organisational development process outlined in this OD Guidance Document is the implementation and consolidation of trauma-informed practice. In this section, we will continue to discuss ways to bring about such changes that will lead to improvements in trauma-informed practice.

As the focus of this section of the OD Guidance Document is the development of an Action Plan for change, we will also discuss the action planning process in some depth – a process that builds on the initial assessment of current practice within an organisation using the **Assessment Checklist** outlined in the previous section.

We will also look at ways to continue to manage the change process within an organisation that will follow the implementation of the Action Plan. This will help ensure that any changes to be made will have the best chance of being consolidated into practice within the organisation.

This section of the OD Guidance Document therefore contains information on:

- Developing an **Action Plan** that identifies three long-term and three short-term goals for changes to trauma-informed practice within an organisation – including guidance on how to run a workshop to facilitate this process.
- Managing the organisational development process.

THE ACTION PLANNING PROCESS

Once your organisation has completed the assessment process, the next step is to create an Action Plan. The **Action Plan** should identify **three long-term and three short-term goals** for trauma-informed change. An example of a completed Action Plan is provided at Appendix Three.

There are four steps to be followed during the action planning process that will lead to the development of an Action Plan. These are:

STEP 1: IDENTIFY AND PRIORITISE GOALS

Use the completed **Assessment Checklist** (provided in Appendix One) that has highlighted the areas for change needed within your organisation so that practices are better trauma-informed.

To make these changes, your organisation should develop **short-term and long-term goals** that will be contained within their Action Plan. Once the goals are identified, they should also be prioritised. This is because your organisation cannot change everything at once. Fallot and Harris[13] suggested six criteria that should be taken into consideration when prioritising goals. These are:

1. **FEASIBILITY** - Which goals are most likely to be accomplished because of their scale and the kind of change involved?
2. **RESOURCES** - Which goals are most consistent with the financial, personnel, and other resources available?
3. **SYSTEM SUPPORT** - Which goals have the most influential and widespread support?
4. **BREADTH OF IMPACT** - Which goals are most likely to have a broad impact on services?
5. **QUALITY OF IMPACT** - Which goals will make the most difference in the lives of children and young people exposed to trauma?
6. **RISKS AND COSTS OF NOT CHANGING** - Which practices, if not changed, will have the most negative impact?

STEP 2: IDENTIFY DRIVERS AND BARRIERS TO CHANGE

Any change process will have **drivers** (the forces that contribute to change) and **barriers** (the factors that prevent change from happening). For the action planning process, it is important to focus on the barriers to change and to think about ways of overcoming these. Once this has been done, action points to overcome the barrier can be identified.

13. Harris, M. and Fallot, R.D. (2009) Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol. Community Connections, Washington DC.
Available at: https://www.theannainstitute.org/CCTICSELFASSPP.pdf

A simple example of identifying drivers, barriers and action points is given in the tables below:

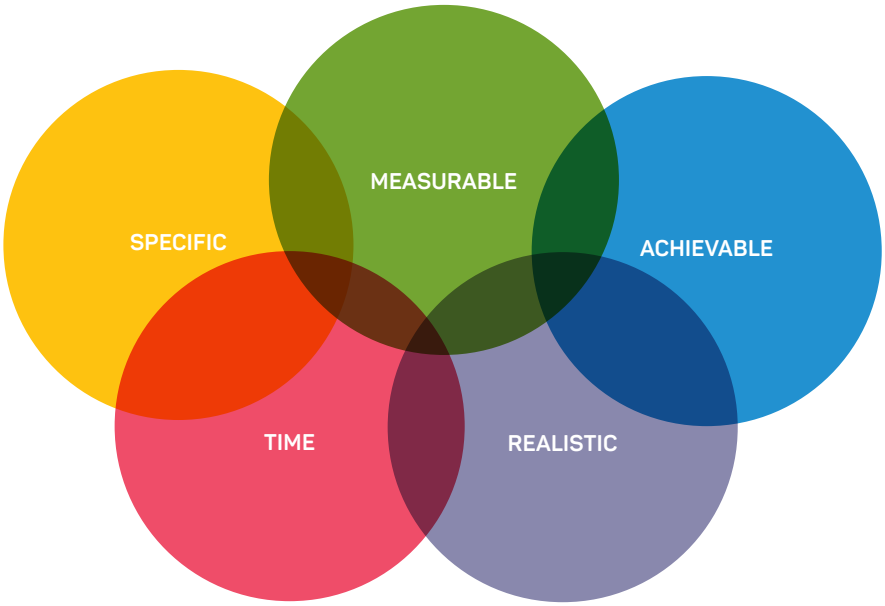
Goal 1 (an area for change identified from the Assessment Checklist): Increase the amount of time that children spend with an individual worker in my residential care setting, so that children get a better chance to work on specific relationship skills. It is related to our trauma-informed values because it helps the child to build trust.	
Drivers	**Barriers**
The enthusiasm from attending the trauma training course which focussed on relationships.	Finding a common time to meet with children.
More satisfying due to time spent with child.	Not having time due to paperwork and office duties.
Our passion for children and a belief that building relationships will help improve outcomes.	Not enough staff or money to take children on outings that might contribute to relationship building.

How can we reduce the barriers?

Barriers	**Ways to reduce them**
Not enough money for outings.	Run fundraisers with other staff and young people to build up a cash fund for outings.
Finding a common time to meet with children.	Timetable meeting into the workplace diaries so that it is taken into account with other parts of the workload.
Not having time due to paperwork and office duties.	Alter the staff rota so that part of each day, an extra member of staff is on duty. That staff member can do the paperwork for the shift freeing up time for others to work directly with children.

STEP 3: DESCRIBE THE DESIRED GOAL USING OUTCOME INDICATORS

A goal is what we want to achieve by making changes. In the Action Plan the goals should be described in terms of ***outcome indicators***. These are the indicators against which progress can be measured to see if the changes are having an effect. The indicators should follow SMART principles. **SMART** indicators are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and have a reasonable **T**ime scale.



Let's look at the example in the tables above once again. In this example, a poorly written outcome indicator would be "all children have good relationships with staff in the residential care setting." While this is something that any trauma-informed service would want to have, the outcome indicator itself is vague and very hard to measure. Some SMART outcome indicators, based on the examination of the barriers above, might be as follows:

Outcome indicators for goal 1
1. Each child is to receive 1 hour of one-to-one time per week with a staff member, which is written into their individual care plan and scheduled into the workplace diaries. **2.** Staff rota to be redesigned to allow overlap of staff for part of each day. **3.** Fundraising group (staff and young people) to be set up within 3 months.

STEP 4: IDENTIFY A TIME SCALE FOR THE CHANGE

Within the Action Plan, there should be **specific end dates by which the outcome indicators for each goal should be met**. It is also helpful to identify a person or persons to oversee each goal. Allocating a responsible person or persons does not mean that these identified people have to do everything. It just means that they are responsible for keeping work to make the identified changes in the Action Plan on people's agenda, or making sure that awareness of the work needing to be done to meet the goal is maintained.

The Action Plan should be a written document that contains all actions needed and the outcome indicators to achieve the goal. The Action Plan will also serve as a tool for monitoring the change process. Monitoring and evaluation will be discussed later in this OD Guidance Document.

RUNNING AN ACTION PLANNING WORKSHOP

An action planning workshop is a helpful way to facilitate the start of developing your organisation's Action Plan.

A workshop is an active and participatory process that motivates the participants to contribute to and carry on the change process. If the workshop is planned well, it can be an excellent way of ensuring ongoing commitment from participants and also of making them feel a real part of the process. A workshop can provide a good way to begin the development of an Action Plan.

These are the four steps necessary for running a successful workshop focussing on improving trauma-informed practice:

1. DEFINE THE GOAL

The overall goal of the workshop should be brief and simple. In this case, the goal is to develop an **Action Plan** that will embed aspects of trauma-informed practice in the organisation.

2. DECIDE WHO WILL ATTEND

Knowing who will attend directly relates to the overall goal. It is very important that at least some of those who attend should also be in managerial or other leadership positions within the organisation as well as other staff. It is also an opportunity to involve other stakeholders.

The staff who attend should ideally be experienced and knowledgeable about the effects of exposure to trauma on children and young people in alternative care. They should also have working knowledge of the policies and practice of caring for children within the organisation.

3. CHOOSE THE RIGHT LOCATION AND FORMAT

The practical details of the workshop may include:

- Make sure the location is big enough and convenient enough for people to travel to.
- Ensure that arrangements are made for catering.
- If the event has to be run online, arrangements should be made to make sure that everyone has the correct technology and support to take part. Parts of the programme may need to be adapted to work in an online environment.

4. RUN THE TRAUMA-INFORMED WORKSHOP

An example of a one-day workshop has been developed for this project. It consists of a series of activities that participants must complete before the workshop, as well as the activities that take place during the workshop. This methodology has been found to be effective in previous projects.

BEFORE ATTENDING THE WORKSHOP

Participants should:

- Attend the SOS Children's Villages' training course on trauma-informed practices (or exchange information with those from your organisation who did attend), and/or take a look at the Practice Guidance developed for this project (*https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf*), or participate in the e-learning modules (*https://childhub.org/en/online-learning-materials/trauma-and-alternative-care*).
- Complete the organisation **Assessment Checklist** (please see Appendix One).
- Print out and bring the **Organisational Chart** and a copy of their **Vision and Mission Statements** (or equivalent), if the organisation has these.

CONTENT OF THE WORKSHOP

Below is a suggested outline for an action planning workshop.

Example of a workshop programme

9.00-9.30
Registration and introductions

9.30-10.00
Overview of course

Aim of the workshop

To support participants to understand the conditions needed to implement trauma-informed practice in their organisation and identify changes that need to be made, and to begin the process of developing an organisational Action Plan.

Objectives of the workshop

- To reflect on what trauma means for children and young people in alternative care.
- To explore aspects of theory underpinning organisational development.
- To identify three short-term and three long-term goals which will contribute to embedding trauma-informed practice in your organisation.

- To examine the barriers to meeting those goals.
- To produce an Action Plan to meet the identified goals.

10.00-10.30
Why is trauma-informed practice so important in alternative care?
The aim of this session is to help participants refresh their knowledge of trauma and what they think trauma-informed practice is.

10.30–10.45
Break

10.45-11.45
Organisational development
The aim of this session is to explore what is meant by organisational development and focus on the two key aspects of organisational theory that are important to consider when embedding trauma-informed practice into organisations. These two aspects are organisational culture and organisational change.

11.45-12.45
Understanding your organisation
The aim of this activity is to look at how well the organisation already reflects the key values needed to establish a trauma-informed culture. For this activity, participants will look at the existing policies and statements of the organisation (for example any current Mission and Vision Statement), and analyse how well they support the implementation of trauma-informed practice. Participants should then be asked to examine how such statements might be changed so that they better reflect a commitment to trauma-informed practice. This process can be repeated in relation to organisational charts so that any changes can be identified.

12.45-1.30
Lunch

1.30–1.45
Icebreaker exercise

1.45-2.45
Identifying goals for trauma-informed change
The aim of this session is to identify **three short-term and three long-term goals** for organisational change in relation to trauma-informed practice that will be central to the organisation's **Action Plan**.
This activity builds upon the work that should have been completed before the workshop to review current practices and identify gaps in trauma-informed practice in the organisation using the **Assessment Checklist**. Using the findings from the Assessment Checklist, participants should identify short-term and long-term goals that will help bring about change.

2.45-3.00
Break

3.00-4.45
Developing the Action Plan
The aim of this session will be to start to write the organisation's **Action Plan**. The participants should now refine the goals for change that have been identified to improve trauma-informed practice within the organisation. This should culminate in the prioritising of three short-term and three long-term goals.
They will need to identify both the barriers and drivers for change, and develop practical actions that focus on overcoming the barriers they have identified. This should include the development of SMART (Specific, Measurable, Achievable, Relevant and Time-bound) outcomes indicators that progress can be measured against.

4.45-5.00
Plenary
Allow some time for questions and evaluation of the workshop as well as discussions about how the outcomes of the workshop will be shared with other colleagues and stakeholders who were not present in the workshop.

THE CHANGE MANAGEMENT PROCESS

In section 2 of this OD Guidance Document, we looked at what the process of change feels like for those affected by it. An organisation needs to be aware of the feelings that change can create during the different stages of organisational development and be prepared to work on this.

We will now look again at the stages of transition during which changes are made and examine some of the ways an organisation can help people working there and/or connected in other ways as stakeholders though the change process, by anticipating their reactions to change and putting in strategies to alleviate their feelings of concern.

MANAGING STAGE ONE

At this stage, people may be in shock. This is when reality of the change hits. They need time to adjust. To help people through this stage, the organisation should develop a communication strategy that will:

- Make sure it communicates clearly and continues to share such information as goals, actions and processes.
- Make sure it does not overwhelm people. It can do this by breaking information down into small understandable chunks.
- Make sure that people know where to go for more information if needed.
- Make time to answer any questions that come up.

MANAGING STAGE TWO

As people begin to react to the change, they may start to feel concern, anger, resentment, or fear. They may resist the change actively or passively. They may feel the need to express their feelings and concerns. To help people through this part of the change process the organisation should:

- Try to anticipate what they think the concerns and objections might be before they start communicating the change.
- Make sure that it listens carefully so that it can identify unexpected problems early in the process and respond to these.
- Discuss any concerns raised early in the process, by using clear communication and by taking action to minimise any problems caused by the changes.

MANAGING STAGES THREE TO SIX

At this stage, people's acceptance grows. They will want to test and explore what the change means. They will do this more easily if they are helped and supported to do so by the organisation. At this stage, the organisation should:

- Make sure that arrangements are made to give people the training they need to implement the changes.
- Give people early opportunities to experience what the changes will bring and put their training into practice.
- Be aware that this stage takes time, so build this in to the change planning so that people can learn and explore without too much pressure.

MANAGING STAGE SEVEN

At this stage, people start to embrace the improvements to the way services are delivered. The organisation starts to become truly trauma-informed, and the positive effects of change become apparent, if the change process has been managed effectively. The organisation should:

- Help people to celebrate success created by the change.
- Highlight and communicate the positive changes in the real lives of children, young people and families.
- Encourage people to continue to take ownership and feel pride in what they are achieving.

As part of the change process, Maxine Harris and Roger Fallot[14], recommend that the organisation seeks to identify trauma "champions." These are people at various levels of the organisation who:

- Are knowledgeable about trauma and its effects.
- Remind others to prioritise trauma sensitivity in whichever part of the service they are in.

14. Harris, M. and Fallot, R.D. (2009) Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol, Community Connections, Washington DC.
Available at: https://www.theannainstitute.org/CCTICSELFASSPP.pdf

- Consistently communicate the importance of trauma sensitivity to others in their work groups.
- Support trauma-informed changes that have been identified by the organisation.

Another way in which the organisation should show its commitment to embedding trauma-informed practice is to make sure its **Vision and Mission Statements** reflect this. A Vision Statement focuses on the future and what an organisation wants to ultimately provide. A Mission Statement focuses on today and what an organisation does to achieve it. If an organisation is trauma-informed, it should say this somewhere in its Mission Statement.

THE IMPORTANCE OF SUPERVISION IN EMBEDDING TRAUMA-INFORMED PRACTICE

Supervision is the formal process by which staff are managed, supported and helped to develop their practice. It is crucial therefore, that the move to a trauma-informed culture within your organisation also takes into consideration the supervision process.

The most effective supervision sessions have an agreed agenda for discussion that includes aspects of support, accountability and staff development. It may be helpful to review the supervision process in an organisation to ensure that consideration of the organisation's delivery of trauma-informed practices is included. For example, in the accountability component of supervision, a supervisor may want to check that the member of staff they are supervising is keeping the individual development plan of the child up to date and is considering, and if identified as needed, including any aspects of trauma recovery within the plan.

In the development component of supervision, the supervisor may want to check that the staff member is up to date in their relevant training, or that they have the chance to review together a case where some good trauma-informed practice has been happening. In the support offered to the staff member during the session, the supervisor should check that the staff member is not being affected by the challenges of working with children and young people who are affected by trauma.

In Chapter 8 of the Practice Guidance[15] developed for this project, there is a section on how working with those affected by trauma can impact on those working with these children and young people, and in such cases, how to support staff and other caregivers.

15. "Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings" Practice Guidance.
Available at: https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf

SECTION 5

Monitoring and evaluating the organisational development process to improve trauma-informed practice

SECTION 5: MONITORING AND EVALUATING THE ORGANISATIONAL DEVELOPMENT PROCESS TO IMPROVE TRAUMA-INFORMED PRACTICE

In this section, we will be looking at the monitoring and evaluating of trauma-informed practice. This is because the only way to find out if your implementation process has been a success is to have an effective means of monitoring and evaluating the process. Through monitoring and evaluation, you will be able to see how well trauma-informed practice is being consolidated.

WHAT DO WE MEAN BY MONITORING?

Monitoring refers to an organised process of overseeing and checking the activities undertaken in a project, to check whether the planned results are being achieved or not.

STEPS IN DEVELOPING A MONITORING SYSTEM

1. At the beginning of the organisational development process, your organisation was asked to establish a baseline of information using an **Assessment Checklist**. The baseline is the point at which an organisation is starting from in terms of a trauma-informed approach and against which change can be monitored. It is recommended that you keep the information you generated during this process when you completed the Assessment Checklist for the first time (see Appendix One). If you repeat the Assessment Checklist process at regular intervals, you can then compare the original baseline information to the current situation and see the progress you have made in achieving change.
2. In your organisation's **Action Plan** you will have provided details of your SMART goals (remember these are Specific, Measurable, Achievable, Relevant and Time-bound). To achieve your goals you will have identified changes to be made and the timed activities to achieve these changes. You should also continue to monitor the implementation of the Action Plan.
3. It is important to establish regular monitoring meetings through which the change working group will review the organisation's Action Plan and make recommendations based on the progress. It is recommended that the change working group meets once a month to monitor and review progress. The change working group should have a mechanism for tracking and updating plans. An example of an **Action Plan Monitoring Tool** is provided in Appendix Four.

WHAT DO WE MEAN BY EVALUATION?

Evaluation involves the collection of information that helps us to make judgements about the success of changes within an organisation. The aim and goals of the organisational development process contained within your Action Plan has been the embedding of trauma-informed practices in your organisation. An evaluation should now examine if the implementation of your Action Plan has had any effect on the establishment of trauma-informed practices in alternative care settings.
In order to evaluate the outcomes of the changes made, it is important to:

1. Identify the stakeholders affected by the change process. In the case of this project, it is likely that the key stakeholders will be the staff or caregivers as well as the children and young people. It may also be possible and relevant to involve the families of the children and young people.
2. Gather the information needed to see if the changes to establish/improve trauma-informed practices have had a positive impact for those receiving support from the organisation. Information can be qualitative (information that tells us about the qualities or nature of what is being evaluated) or quantitative (information that can be counted, measured and given a numerical value). Please see below for further details on how to gather qualitative and quantitative information.
3. Analyse the information you have collected. By examining and analysing the information, judgements can be made about how effective the changes have been and if the goals in the Action Plan have been met.
4. Make recommendations for any further change necessary based upon the findings of the analysis. By doing this, there is a greater likelihood that the positive aspects of trauma-informed practice will continue to be consolidated within the organisation through identifying what the next steps might be in continuing to embed such practices.

WAYS TO GATHER QUANTITATIVE AND QUALITATIVE INFORMATION

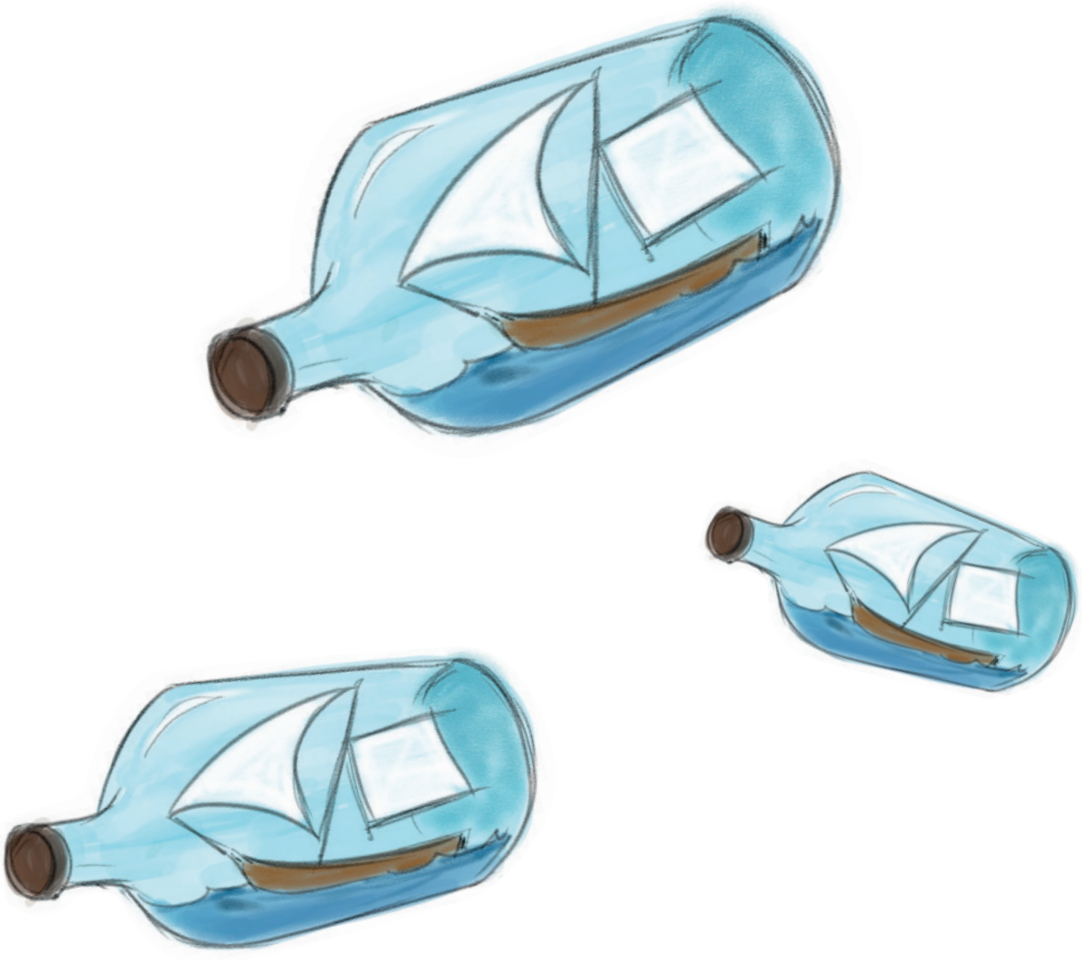
For this project, one of the sources of quantitative information will come from the using the Action Plan monitoring tool (found in Appendix Four). This will give such information as which settings have been involved, how many outcomes were achieved and how long it took to achieve the outcomes. However, given that trauma-informed change should lead to an organisational culture that supports trauma-informed practices, it will be important to gather qualitative information as well.

Questionnaires are also a simple and effective way to gather information for evaluating the impact and outcomes of your Action Plans. The same questionnaire can be used both before the implementation starts and at different times after implementation of the Action plan has commenced, e.g. after 3 months and after one year – allowing you to make comparisons. In Appendix Five, you will find examples of **questionnaires for children and young people**, and **questionnaires for staff**. The content of these questionnaires are based on the values identified as being central to building a trauma-informed organisation by Harris and Fallot[16].

16. Harris, M., & Fallot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. Jossey-Bass/Wiley. Harris, M. and Fallot, R.D. (2009) Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol . Community Connections, Washington DC. Available at: https://www.theannainstitute.org/CCTICSELFASSPP.pdf

Questionnaires are primarily used for gathering quantitative data, but as we already noted, it is also recommended that you gather qualitative information. This can be done for example, by interviewing a sample of staff and a sample of children/ young people. You will find examples of interview schedules for staff and **interview schedules for children and young people** in Appendix Six.

Whilst conducting interviews, please be conscious of the importance of confidentiality. Interviews should ideally be conducted by someone who is professionally trained and comes from outside the organisation so that issues of confidentially can be upheld. All recording of, and reporting on, information gathered during interviews should be anonymised and data should be summarised in a way that individuals cannot be identified. All necessary steps should be taken to ensure children and young people are not caused any harm or stress when participating in interviews, and careful consideration should be given to safeguarding issues for both those conducting the interviews as well as interviewees. This includes for example, having professionals who can support the participants should they become distressed in anyway.



APPENDIX ONE

Assessment Checklist: A tool for undertaking a review of a trauma-informed approach within an organisation

APPENDIX ONE: ASSESSMENT CHECKLIST: A TOOL FOR UNDERTAKING A REVIEW OF A TRAUMA-INFORMED APPROACH WITHIN AN ORGANISATION

This tool comprises an Assessment Checklist that will help you understand:

- Current policy, processes and practices in your organisation and how trauma-informed it currently is.
- What changes you might have to make.

The Assessment Checklist is adapted from the work done by Maxine Harris and Roger Fallot[17] on trauma-informed organisational change. It is based on five values that Harris and Fallot considered to be most important when undertaking changes in order to establish a trauma-informed culture within an organisation. (Please see page 16 of this OD Guidance Document).

These five values are:

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

Safety means ensuring the physical and emotional safety of the child or young person, and is often seen as the first important step in developing a trauma-informed culture. **Trust** means that the organisation and its staff build trust between themselves and the children and young people they are supporting, including striving at all times not to let them down and doing what they say they will do. Trust can be evident in the establishment of consistent practice and boundaries, and the clarity of what can be realistically expected in service provision. **Choice** means giving the child or

17. Harris, M., & Fallot, R. D. (Eds.). (2001). New directions for mental health services. Using trauma theory to design service systems. Jossey-Bass/Wiley. Harris, M. and Fallot, R.D. (2009) Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol . Community Connections, Washington DC. https://www.theannainstitute.org/CCTICSELFASSPP.pdf

young person options and providing them with as much control over their decisions as possible. **Collaboration** is making decisions with the child or young person. **Empowerment** means focusing on the child or young person's strengths and helping them to develop stronger coping skills.

HOW TO USE THE ASSESSMENT CHECKLIST

The Assessment Checklist has six sections. Each section has a series of statements.

- You **should tick the box beside the statement if it is correct for your organisation**.
- If it is not correct, **leave the box blank**.
- By looking at the statements that have been left blank, you will have a broad idea of the work you need to do to help your organisation to become trauma-informed.

This will help you to **identify some key areas as the focus for the first changes your organisation would wish to make**, that include ways of incorporating the **values** of safety, choice, collaboration, trust and empowerment so that they will be recognised, understood and used by all staff, volunteers and caregivers.

SECTION ONE: POLICIES

In this section, your organisation should reflect on how knowledge of trauma is integrated into its policies and explicitly stated as part of its way of working. Remember, statements within polices on how the organisation addresses trauma and trauma recovery contributes positively to the development of a trauma-informed organisational culture.

STATEMENT	TICK IF CORRECT
Your organisation has a vision and mission statement that explicitly refers to the need to account for the experience of children, young people and families affected by trauma in the delivery of your services.	
Your organisation has a clear strategy for communicating its mission and vision that incorporates recognition of a trauma-informed approach.	
All commitments to working with children and young people and families affected by trauma - and toward trauma recovery - as reflected within the mission and vision statements, are supported with policies, procedures, resources and practice.	

Policies are monitored and reviewed regularly to ensure that the procedures based upon them will not traumatise/re-traumatise children, young people, or families.	
Your organisation has the following formal policies which explicitly acknowledge trauma including: • Initial assessments that are undertaken in relation to assessing the need for alternative care include a history of abuse, neglect, and relationship and placement breakdown, as well as a basic checklist indicating that the child or young person may have experienced trauma. (Please see Appendix Two for an example of a Trauma Indicator Checklist). • Individual Development Plans for children and young people are part of the care planning procedure in which trauma and trauma-related issues, the strengths of the child, young person, family and community are taken into account in a support and recovery plan. This includes participation of children, young people and families and incorporation of information in the plans indicating the manner in which they would like the organisation to work with them. • Careful participatory planning is undertaken with those leaving care that includes a review and update on how their trauma recovery is progressing and provides signposts as to how this can continue. This includes any necessary support that would assist young people in taking care of their own mental health, as well as their knowing about and being able to access, services they can use when necessary. • Training for staff/volunteers/caregivers and other stakeholders is available, which includes the appropriate level of training on issues about, and ways to respond to children, young people and families affected by trauma. • Staff/volunteer/caregivers receive supervision and support which addresses the challenges of working with those affected by trauma. (Please refer to Chapter 8 of the project Practice Guidance[18] for information on trauma and specifically the possibility of vicarious trauma).	☐ ☐ ☐ ☐ ☐

18. "Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings" Practice Guidance.
Available at: *https://www.sos-childrensvillages.org/getmedia/2b3e1956-12b0-4430-9350-e3319ecbbe13/Safe-Places,-Thriving-Children-Practice-Guidance.pdf*

• A review of an incident involving a child or young person – as for example a child safeguarding incident, or physical conflict between two young people - is conducted (an incident review), and includes the possibility that the incident may be trauma-related.	☐
• Recruitment procedures of staff/volunteers/caregivers ensures they are well vetted for the post, i.e. the recruitment policy has steps to ensure safeguarding through such actions as getting a police check and two references before conducting interviews or, exploring the applicant's understanding of trauma and how to prevent traumatisation/re-traumatisation of children and young people.	☐
• Job descriptions include roles and responsibilities of staff/ volunteers/caregivers related to understanding and being able to respond to those affected by trauma.	☐
• Involvement of children, young people and families in the services offered by the organisation, e.g. planning of support, alternative care, individual development, and in evaluation of the service itself, which states that the process of user involvement will be sensitive and not re-traumatise participants.	☐
• A policy exists on prevention of and support for children and young people affected by peer on peer violence.	☐
• Confidentiality and access to information, including support for children, young people and families when looking at information that may relate to traumatic past life events.	☐
• Safeguarding policy that includes a statement about protection from traumatisation or re-traumatisation.	☐
• Complaint mechanisms include guidance on the way children, young people and families should be supported if they complain about practices that may have led to traumatisation or re-traumatisation.	☐
• The organisation has a safeguarding policy that includes a statement about what staff, volunteers, caregivers, or others that interact with children and young people under the care of the organisation should do if they suspect any activities within the organisation, or conducted by its staff, may lead to additional trauma or re-traumatisation.	☐

SECTION TWO: SAFETY

In this section, your organisation should reflect on how it makes its service provision feel as safe as possible. This is because a feeling of safety is one of the foundations of trauma recovery.

The physical areas where children, young people and families come to receive support have been designed or adapted to create a warm and welcoming environment including providing a sense of safety.	
Staff, caregivers, volunteers and others working with children, young people and families are carefully checked to ensure they are not potential perpetrators of abuse (e.g. police checks, references, intensive interview process etc.).	
Staff or carers in settings of alternative care can easily call on the support and assistance of other staff or carers if needed when supporting children in a manner that will prevent traumatisation or re-traumatisation (e.g. to help prevent escalation of a violent incident, or perhaps remove a traumatised child from an unsafe situation etc.).	
Children, young people, families, or other service users, have a named person within the organisation or care setting to whom they can speak if they are feeling unsafe.	
Staff, volunteers and caregivers know how to watch for signs that children feel unsafe, and understand these signs in a trauma-informed way.	
Alternative care settings have private spaces for staff, volunteers and caregivers to discuss and record sensitive issues relating to their work to support children and young people who are affected by trauma.	
Managers within the organisation have an understanding of trauma and the emotional impact upon staff, volunteers and caregivers that working with children, young people and families affected by trauma can have (e.g. burnout, vicarious trauma etc.).	
Staff, volunteers and caregivers have access to team meetings, supervision sessions and a supervisor to whom they can safely voice their own concerns and feelings.	

SECTION THREE: TRUST

In this section the organisation is asked to reflect on how it promotes trust throughout its service provision. This recognizes that trust has often been violated in the lives or children, young people and families affected by trauma and that the rebuilding of trust is an important step on the road to trauma recovery.

The organisation ensures that first contacts with children, young people and families are welcoming and respectful.	
The organisation develops a clear plan that acknowledges trauma and trauma recovery, and communicates clearly to children and young people and families about what will be done, by whom, when and why.	
The organisation communicates realistic expectations regarding the completion of particular tasks or activities.	
The organisation apologizes to children, young people or families if agreed tasks or activities are not carried out and takes steps to address these omissions.	
Information about children, young people and families is treated sensitively and the boundaries of confidentiality are explained (e.g. information about abuse will be shared with others without consent).	
The organisation promotes consistency in practice. Examples include preventing or minimising changes in the caregiver of a child whilst they are in the care of the organisation, or the whole organisation (from management to caregivers) share the same values.	
Managers and leaders provide clear information about proposed changes in relation to trauma-informed practice.	
Managers and leaders listen respectfully to staff, volunteers, caregivers, children and young people about their concerns and explain what they will do as a result of the concerns being raised.	
Staff, volunteers and carers are clear about the importance of trusting relationships in trauma recovery and support each other to implement trauma-informed practices. They know and use trauma-related concepts like attunement, containment, mentalization, co-regulation, the window of tolerance in their everyday work.	
Staff, carers and volunteers are given time to spend with individual children so that children get a better chance to work on specific relationship skills.	
Staff, volunteers and carers are given training and regular updates in trauma, including the impact of workplace stressors.	

SECTION FOUR: CHOICE

In this section, your organisation is asked to reflect upon the extent to which it ensures full and meaningful participation, choice and control for and by children, young people, staff, volunteers and caregivers. Lack of control is one of the features felt by those affected by trauma. This is why your organisation should examine how it restores a feeling of control in the way it delivers services.

The organisation informs the child, young person and family about the choices and options available.	
The organisation has a process to ensure full and meaningful participation by children, young people and families, and gives appropriate weight to their wishes.	
Children and young people are provided with an age/development appropriate, clear statement about their rights and responsibilities.	
Staff, volunteers and caregivers have meaningful input into factors that affect their work (e.g. hours that are worked, being able to take leave, type of training being offered, use and décor of buildings etc.).	
There is a balance of personal professional judgement and clear trauma-informed guidelines for staff, volunteers and caregivers, e.g. there are guidelines based on policy, procedures and protocols but also space for professional judgement.	
There is a formal and structured way for staff, volunteers and caregivers to provide ideas, suggestions and feedback, on factors associated with the organisation.	
Managers in the organisation ensure that consultation with staff, caregivers, volunteers, children, young people and families is meaningful and feedback is given about the results of any consultation.	

SECTION FIVE: COLLABORATION

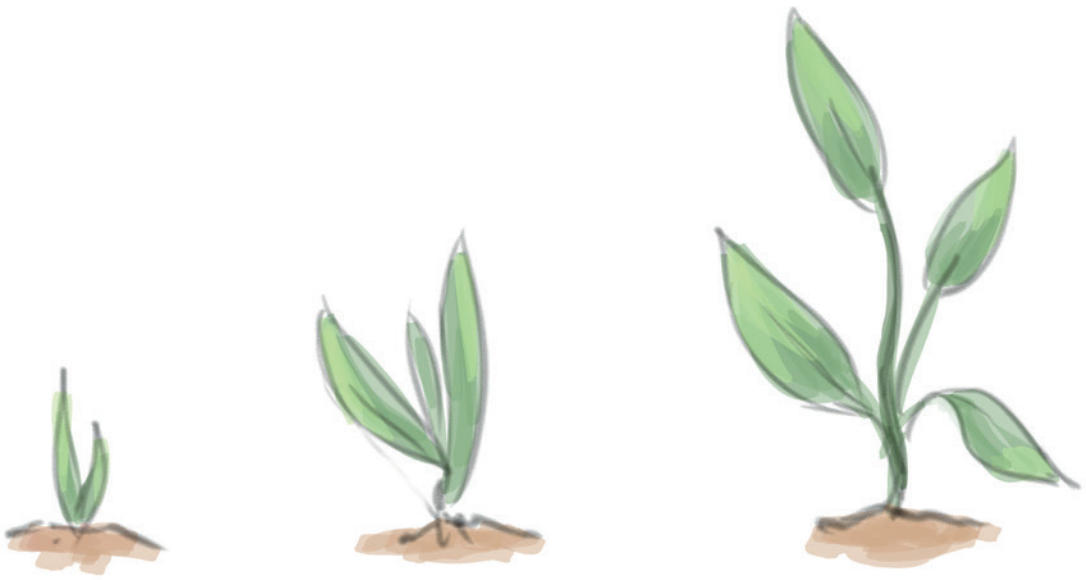
In this section, your organisation is asked to reflect upon the extent to which it encourages collaboration with staff, service users and other stakeholders. This is because collaboration with those affected by trauma, and with the involvement of a wider network of services and individuals, can help improve the journey to recovery.

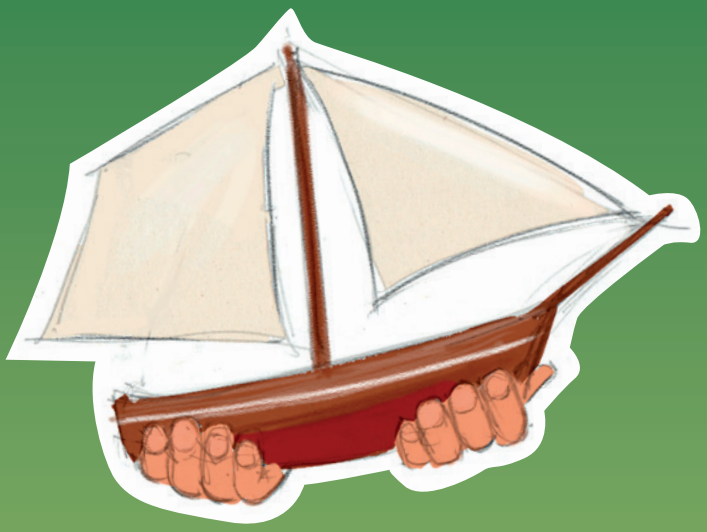
Children, young people and families play a significant role in planning and evaluating the organisation's services through involvement in an organisation user group.	
The organisation user group has a clear understanding (written within the user group mandate) that children and young people are the ultimate experts on their own experience of trauma.	
The organisation has a clear statement about how it contributes to trauma-recovery so that other organisations can understand its role.	
The organisation has a way to communicate that the views of children, young people, families, staff, volunteers and caregivers are valued even if it is not always possible to implement all their wishes and suggestions.	
The organisation cultivates a model of doing "with" rather than doing "to" or doing "for," e.g. it engages with children, young people and families in a manner of partnership.	
The organisation acknowledges its limitations and has clear protocols for referring children, young people or families to specialist trauma services when necessary.	
The organisation's approach to implementing change encourages collaboration among staff, volunteers and caregivers at all levels.	
The organisation cooperates and raises awareness about trauma and trauma-informed practice with a range of stakeholders including child welfare system partners, schools, and mental health professionals.	
The organisation has a network of internal and external mental health experts with specialisation in trauma and working with families, children and young people in this field.	

SECTION SIX: EMPOWERMENT

In this section, your organisation is asked to reflect on the extent it ensures services provide opportunities for experiences of empowerment that may help children, young people and families to have greater power over what happens in their journey to recovery from trauma.

The organisation communicates a sense of what is achievable in the support of children, young people and families affected by trauma to reach their own goals.	
Care-experienced children and young people and their families receive information about the impact of trauma and ways of stress management, self-care and services that can be accessed.	
Care-experienced children and young people and their families receive information about services they can access.	
Care-experienced children and young people are provided with the opportunity to contribute feedback about the services they receive, the services they would like, and they feel their contribution is valued.	
Staff, volunteers and caregivers are given the resources to carry out the tasks expected of them.	
Managers adopt a positive and affirming attitude in encouraging staff, volunteers and caregivers to carry out their trauma-related work tasks.	
Managers are trained to provide feedback to staff, volunteers and caregivers which is constructive, even when critical.	





APPENDIX TWO

Trauma indicator checklist

APPENDIX TWO: TRAUMA INDICATOR CHECKLIST

This checklist has been taken from a document called "Parenting a child who has experienced trauma". It was prepared by the Department of Health and Human Services, Children's Bureau in Washington and published by the Child Welfare Information Gateway in 2014. You can find it at *https://www.childwelfare.gov/pubPDFs/child-trauma.pdf.*

It is important to stress that these indicators are not proof that trauma has occurred, as these indicators can also be present in children and young people where trauma has not occurred. Like any checklist, this should be used as an indication only and other sources of evidence should be sought, including consultation with mental health professionals possessing experience in the field of childhood trauma, before assumptions are made about trauma history.

TRAUMA IN CHILDREN FROM 0 – 2 YEARS OLD

All young children and toddlers become angry or have tantrums at times. However, some of the following might indicate the child has experienced a trauma if the behaviour interferes with the child's or family's lives.

- Unusually high level of anger and prolonged tantrums.
- Agitated and cannot be soothed.
- Easily startled.
- Terrified responses to stimuli that remind the child of the trauma.
- Refusing to speak or being unable to speak.
- Losing skills such as use of the toilet.
- Fear of adults and of being separated from their parent or guardian.
- Development of eating issues such as loss of appetite, low weight or digestion problems.
- Nightmares or sleeplessness.
- Withdrawal from previously trusted adults and avoidance of physical contact.

TRAUMA IN CHILDREN FROM 3-5 YEARS OLD

In addition to the previous indicators, children in this age group may exhibit other concerning behaviours. It is an age where children are expected to be exploring more and forming friendships with other children. Traumatised children may develop more slowly than their peers.

- Aggression or verbal abuse towards others.
- Overly bossy, controlling or disruptive.
- Difficulty focusing or learning.
- Development of learning disabilities.
- Bedwetting.
- Acting out in social situations.
- Unable to trust other children or adults.
- Lack of self confidence.
- Stomach aches and headaches.
- Loneliness.
- Confusion.
- Unusual clinginess.
- Irritability.

TRAUMA FROM 6 – 12 YEARS OLD

At this age, children are growing up and becoming more independent. They would be expected to have friends and playmates outside of the home and be integrating at school. But if they now start to develop the following additional behaviours it might indicate a trauma history.

- School problems.
- Difficulty concentrating.
- Suicidal thoughts or actions.
- Withdrawal from friends and family.
- Acting out in social situations.
- Imitating the traumatic event.
- Confusion.
- Drug or alcohol use.
- Sexual knowledge beyond the child's age.
- Overreaction to situations.
- Re-creation of the traumatic event during play.
- Hoarding of food.

TRAUMA FROM 13 – 18 YEARS OLD

The teenage years can be challenging for any person. It is important to know the difference between usual adolescent challenges and trauma reactions. Here are some indicators to watch for:

- Unusually high level of anger, aggression and verbal abuse towards others.
- Suicidal thoughts or actions.
- Risky behaviours, including sexual behaviours and substance abuse.
- Unhealthy romantic relationships.
- Self-harm.
- Panic attacks.
- Flashbacks.
- Running away.
- Starting fights.
- Trouble relating to peers.
- Inability to see a future (expects to die young).
- Alienated and lonely.
- Poor self-esteem.

APPENDIX THREE

Action Plan (example)

APPENDIX THREE: ACTION PLAN (EXAMPLE)

TO USE THIS PLAN, PLEASE DELETE THE CONTENT WE HAVE PROVIDED AS AN EXAMPLE AND PRINT OUT A BLANK ACTION PLAN TEMPLATE.

ACTION PLAN	
This plan identifies some short- and long-term goals and outcomes to meet the gaps highlighted in the trauma-informed practice assessment process. (This template is adapted from the work of the Centre for Evidence and Implementation. Hateley-Browne, J., Hodge, L., Polimeni, M. and Mildon, R., 2019, Implementation in action: A guide to implementing evidence-informed programs and practices. *https://aifs.gov.au/cfca/sites/default/files/publication-documents/1906_implementation_in_action_1.pdf*)	
AIM OF THE PLAN	To implement aspects of trauma-informed practice.
DATE OF THE PLAN	26th June 2021
SCOPE OF THE PLAN *Here you should identify the area of the organisation which this plan is targeting. For example, is it the whole organisation? Is it one department? Is it one care setting?*	This Action Plan will refer to the three residential care settings in our local area.
MEMBERS OF THE WORKGROUP *Here, you should note the members of the group who have written this plan, along with their role. The role could be manager, volunteer, care-experienced young person etc.*	Kristien (manager) David (area leader) Jan (pedagogue) Remi (pedagogue) Anna (young person) Janusz (young person)

SECTION ONE

In the table below, identify 3 short-term goals for trauma-informed change (gaps which can be addressed within 3 months).

GOALS FOR CHANGE	BARRIERS TO CHANGE	AGREED ACTIONS TO ADDRESS BARRIERS	OUTCOME INDICATORS	DUE DATE AND PERSON/S RESPONSIBLE
1: Staff, carers and volunteers are given time to spend with individual children so that children get a better chance to work on specific relationship skills.	Lack of funding for outings. Difficulty in getting a common time to meet child. Time spent on paperwork and office duties.	Set up fundraising group in each house to raise money for outings. Make sure one-to-one time with child is put into daily work diary. Consult with houses to alter rota so that each day there is a one hour overlap of staff so that paperwork can be better managed at that time of day.	One fundraising event to take place. Each child has at least 3 hours of one-to-one time per week with named staff member. New staff rota.	Jan and Anna 5th Sept 2021 Kristien 30th August 2021 David and Remi 20th Sept 2021
2: The areas where children, young people and families get access to services have been designed or adapted to create a warm and welcoming sense of safety.	Funding other aspects of work take priority.	Consultation set up with staff, children and young people to agree plan to redecorate house living rooms using calming colours. Letter drafted to management outlining costs of redecoration.	All house living rooms redecorated.	Janusz and Remi 30th August 2021

GOALS FOR CHANGE	BARRIERS TO CHANGE	AGREED ACTIONS TO ADDRESS BARRIERS	OUTCOME INDICATORS	DUE DATE AND PERSON/S RESPONSIBLE
3: Children, young people and families play a significant role in planning and evaluating the organisation's services through the establishment of a user group.	Getting commitment from children, young people and families to take part in user group. Ensuring buy-in and commitment from management that the work and recommendations of the user group will be taken seriously. Making sure user group has a room to meet.	Children and young people's workshop to be held to discuss the establishment of a user group and what its role would be in the houses. Information of establishment of user group sent to families where appropriate to establish if they are interested. User group meetings to be timetabled into workplace diary.	User group set up. User group terms of reference developed. First meeting of use group to take place.	Kristien and Janusz 30th September 2021

SECTION TWO

In the table below, identify 3 long-term goals for trauma-informed change (gaps which can be addressed between 3 to 12 months).

GOALS FOR CHANGE	BARRIERS TO CHANGE	AGREED ACTIONS TO ADDRESS BARRIERS	OUTCOME INDICATORS	DUE DATE AND PERSON/S RESPONSIBLE
1: All staff and volunteers to be trained to an appropriate level in trauma-informed approaches.	Getting staff cover for time away from the houses to undergo training.	Draw up an annual training timetable for staff across the three houses and release one staff member per month from each house to undertake the training course from this project, with staff cover being managed across the three houses. Use modules 1 and 2 of the online course developed for this project as part of the induction for staff and volunteers.	75% of volunteers undertake modules 1 and 2. 50% of staff attend full training course. 100% of new staff and volunteers undertake modules 1 and 2.	5th March 2022 Kristien
2: Policy review for all of our policies to make sure they include explicit reference to trauma.	Policies have been around a long time so people will be used to them as they are.	Give user group the task of examining the policies and identify where trauma should be acknowledged. Draft of new policies given to staff.	50% of policies reviewed and altered to include trauma.	30th January 2022 David and Anna

GOALS FOR CHANGE	BARRIERS TO CHANGE	AGREED ACTIONS TO ADDRESS BARRIERS	OUTCOME INDICATORS	DUE DATE AND PERSON/S RESPONSIBLE
3: Application to Local Authority for funding for a temporary training officer.	Time consuming to identify proper process for application. Making sure funding request fits with the local authority finance cycle.	Ring fenced time to be allocated to David in order to identify process. Kristien and Janusz to work on application paperwork, once it is identified. David to ask admin staff to find out the dates of the new finance cycle.	David to approach chief executive and request two weeks of dedicated time. First draft of application to be completed. Nora (admin) to find out dates and draw up GANTT chart.	David, 5th September 2021 Kristien and Janusz 28th February 2022 Nora 30th September 2021

APPENDIX FOUR

Action Plan monitoring tool (example)

APPENDIX FOUR: ACTION PLAN MONITORING TOOL (EXAMPLE)

TO USE THIS MONITORING TOOL, PLEASE DELETE THE CONTENT WE HAVE PROVIDED AS AN EXAMPLE AND PRINT OUT A BLANK TEMPLATE.

Date of trauma workgroup review meeting: 26th July 2022

AGREED GOALS	KEY ACTIONS SINCE LAST REVIEW MEETING	KEY ACTIONS NEEDED BEFORE NEXT REVIEW MEETING
EXAMPLE **Short-term goal 1** Set up fundraising group in each house to raise money for outings.	A fundraising group has been set up. 3 young people and 3 staff. Gathering ideas for fundraising event.	Decision on event and date should be made by next review meeting.
Short-term goal 2 Make sure one-to-one time with child is put into daily work diary.	On agenda for team meeting to discuss putting one to one time in diary.	Hold team meeting and get a decision on one-to-one time by next review meeting.
Short-term goal 3 Consult with residential care settings to alter rota so that each day there is a one hour overlap of staff so that paperwork can be better managed at that time of day.	Area leader has met with house managers. Three ideas submitted for new version of rota.	Decide on which version of rota would work best and start staff consultation by next review meeting.

AGREED GOALS	KEY ACTIONS SINCE LAST REVIEW MEETING	KEY ACTIONS NEEDED BEFORE NEXT REVIEW MEETING
Long-term goal 1		
Long-term goal 2		
Long-term goal 3		

Date of next update meeting: 30th August 2022

APPENDIX FIVE

Questionnaires for staff and questionnaires for children and young people

APPENDIX FIVE QUESTIONNAIRES FOR STAFF AND QUESTIONNAIRES FOR CHILDREN AND YOUNG PEOPLE

QUESTIONNAIRE FOR STAFF

VALUE	WHERE I WORK...	Always	Most of the time	Sometimes	Never
Safety	We make sure our environment is calming and promotes safety.				
Trust	We are able to spend good quality one-to-one time with our children and young people.				
Safety	We are able to provide structure and consistency.				
Collaboration	We create opportunities for children and young people to be involved in their own care planning.				
Empowerment	We support children and young people to understand and regulate their emotions.				

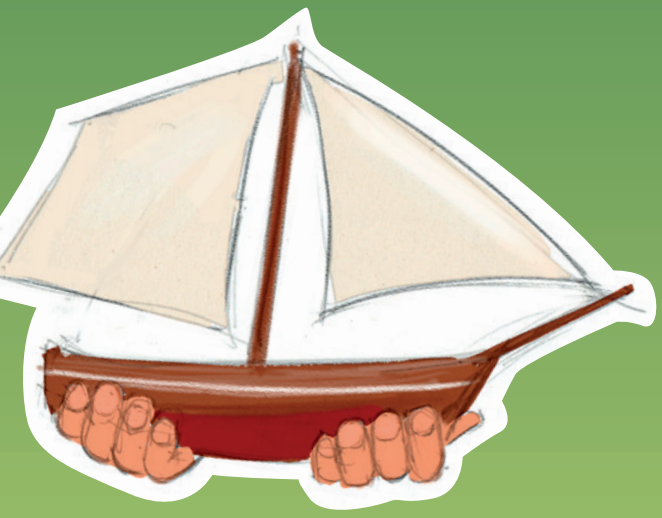
Collaboration	We are able to make referrals to appropriate services if a child or young person needs mental health support due to trauma issues.				
Choice	We are able to give children and young people choices about their care.				
Empowerment	We listen to children and young people and act appropriately on their views.				
Trust	We spend time helping children and young people to understand how trauma has affected them.				
Trust	We build warm and loving relationships with our children and young people.				
Trust	We provide opportunities for our children and young people to build their confidence and self-esteem.				
Empowerment	We are trained in trauma and use our knowledge to support our young people.				

Safety	We are trained and supported to defuse any dangerous situations in the house.				
Safety	We take concerns and worries of children and young people seriously.				
Collaboration	We have opportunities for self-care, peer-to-peer exchange or clinical supervision to ensure we are supported in our work on trauma.				

QUESTIONNAIRE FOR CHILDREN AND YOUNG PEOPLE

VALUE	WHERE I LIVE...	Always	Most of the time	Sometimes	Never
Safety	If I have any fears or worries, the people who support me will listen to me and help me.				
Trust	There is someone who will listen to me when I need someone to talk to.				
Safety	I feel safe.				
Collaboration	I am encouraged to be a real part of the group.				
Empowerment	The people who work with me help me to try new things.				
Collaboration	The people who work with me value my opinion.				
Choice	If I feel I need space, the people who work with me understand this and let me have space.				
Empowerment	The people who work with me try to see my point of view.				
Trust	The people who work with me help me to make sense of the things that have had an impact on my life.				
Trust	The people who work with me make me feel loved.				

Trust	The people who work with me make me feel good about myself.				
Choice	The people who work with me help me to make healthy decisions.				
Safe	The people who work with me keep me safe in where I live.				
Safe	I am listened to if I have any fears or worries.				



APPENDIX SIX

Interview schedules for staff/caregivers and interview schedules for children and young people

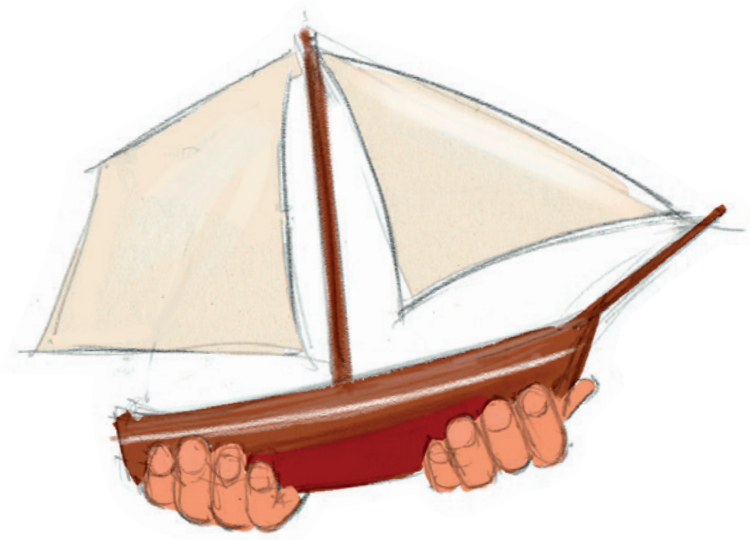
APPENDIX SIX: INTERVIEW SCHEDULES FOR STAFF/CAREGIVERS AND INTERVIEW SCHEDULES FOR CHILDREN AND YOUNG PEOPLE

INTERVIEW SCHEDULE FOR STAFF/CAREGIVERS

- What kind of training do you have on trauma?
- Do you use terms like attunement, regulation, metalizing etc. when you are discussing children with your colleagues?
- What does this setting do to help children and young people develop trusting and loving relationships?
- How do you help a child or young person to feel lovable and loved?
- What do staff and carers do to help a child or young person to communicate effectively?
- What does the setting do to provide structure and consistency for children and young people who may have been affected by trauma?
- What chances do you give children to solve problems?
- How do you promote good role modelling among colleagues within the setting?
- How do you help children and young people to feel proud of themselves?
- What do you do to help children learn how to regulate their emotions?
- What do you do to help children and young people to mentalize?
- What kind of activities do you do to help children and young people with attunement?
- When you reflect on incidents within the setting where a child or young person may have been upset, do you approach this from a trauma-informed stance?
- How do make sure the physical environment is calming and promotes a feeling of safety?
- What does the setting do to ensure access to health, education and social care?
- How do you care for yourself and manage any stress you may feel?
- How does the organisation support you in your working role?

INTERVIEW SCHEDULE FOR CHILDREN AND YOUNG PEOPLE

- What's the best thing about where you live?
- Follow up question: Why?
- What's the worst thing about where you live?
- Follow up question: Why?
- If you need to talk to someone who works with you, can you do that easily?
- Follow up question: Why or Why not?
- How safe do you feel here?
- Do you have a favourite member of staff here?
- What is it you like about them?
- Do you have a member of staff here you don't really get on with?
- Why's that?
- Are you helped to calm down if you feel like you are becoming upset?
- What's the nicest thing a staff member here ever said or did for you?
- Follow up question: Why was that?
- What's the worst thing that has ever happened to you here?
- Follow up question: Why was that?
- Are you asked your opinion about the things that happen here?
- If there was one thing you could change about where you live, what would it be?



Safe
Places
Thriving
Children