

Trauma Informed Toolkit

Embedding a Trauma Informed Approach
within Organisations and Systems

Setting the Scene

Foreword

As the Independent Chair of the Safeguarding Board for Northern Ireland (SBNI), I am delighted that the SBNI has added this organisational toolkit on embedding trauma informed approaches to its portfolio of work. We know trauma informed approaches improve outcomes for those who use our services. There are benefits for staff and organisations, including increased job satisfaction and support, reduced staff sickness and turnover, leading to potential cost savings in the longer term.

This toolkit is the result of a great deal of inter-agency work, consultation with those who use services, current research and it draws on resources and learning from other jurisdictions.

The toolkit is especially relevant if you are in a leadership role but it will also assist those who engage with policy development or frontline services. It will help you to understand what a trauma informed approach means for organisations.

This toolkit can make a significant contribution to service design and delivery and organisational and workforce development, building on the steps that have already been taken across many organisations.

I want to thank all those involved in its creation.

Bernie McNally OBE
SBNI Independent Chair



Setting the Scene

Acknowledgements

The Safeguarding Board for Northern Ireland (SBNI) would like to thank all those who contributed to the development of this toolkit. A special thank you to our lived experience focus group members who contributed their insights and time so generously. We are grateful to the members of the SBNI Trauma Informed Committee and particularly to the project task and finish working group for their guidance and wisdom throughout the design process, helping shape the toolkit and ensuring cross sectoral participation. We would also like to thank those organisations who were part of the user testing phase and those who contributed case studies and examples, sharing learning from their trauma informed journey. We also acknowledge the rich local research base which informed the development of this toolkit and the work of local artist Beth McComish, whose illustrations are infused throughout the toolkit.

This document has been produced in partnership with:



Setting the Scene

About the toolkit

This toolkit has been designed to help organisations in Northern Ireland (NI) identify opportunities to embed trauma informed approaches across policy and practice. It is based on the local and international evidence base, existing learning, valuable insights from people with lived experience and good practice from the NI context.

It has six sections:

- **Section 1 – Setting the scene**

An overview of the context and how to use the toolkit

- **Section 2 – Key concepts**

A definition of trauma, trauma informed organisations and approaches

- **Section 3 – Six principles**

A summary of the **six trauma informed principles** (safety, trustworthiness, choice, collaboration, empowerment and inclusion)

- **Section 4 – Evidence & examples**

A summary of international and local evidence, including case studies and examples of trauma informed approaches across a range of organisations

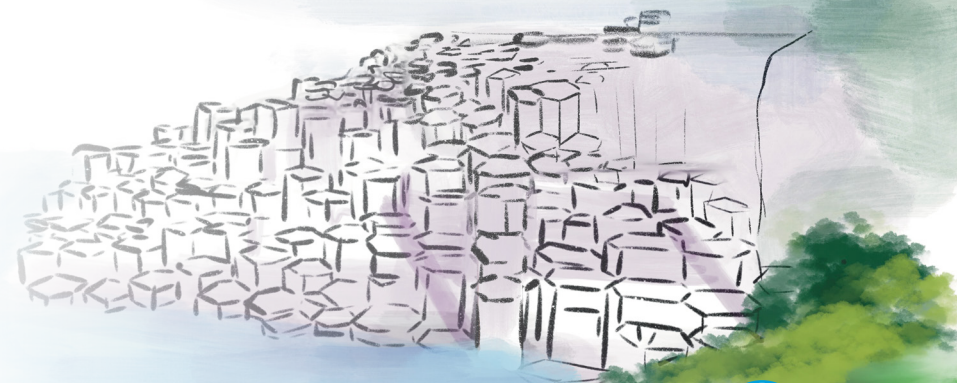
- **Section 5 – Organisational checklist**

A summary and organisational checklist is based on **ten organisational focus areas*** (leadership, learning and development, workforce wellbeing, lived experience and involvement, policy and practice, environment, working together, continuous improvement, resourcing, evaluation and sustainability)

*adapted from SAMHSA implementation domains 2014 [1]

- **Section 6 – Library**

A suite of resources to help you on your journey, including references.



Setting the Scene

Aims

This toolkit will help leaders, workforces, services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma informed approach across policy and practice. It aims to complement existing organisational priorities, driving improvement, innovation and sustainable change.

The toolkit will:

- illustrate how trauma informed approaches can be embedded across your organisation
- build awareness of what the six trauma informed principles are and how to apply them
- highlight the evidence base on the benefits, barriers and enablers to a trauma informed approach
- showcase case studies and examples from across NI
- include a practical self-assessment checklist, structured on the ten focus areas
- walk you through each aspect on your journey to becoming a trauma informed organisation.

The goal is that this toolkit will assist in building the shared understanding, language and aspiration that **we can all play a part** in supporting organisations on their trauma informed journey.

Target audience

This toolkit was developed for the SBNI member agencies and partners; however, it can be used by any organisation, team or service across the statutory, community or voluntary sectors. It is designed specifically for NI, which has its own unique structure and history.

It is important that users have completed training on trauma, (e.g. SBNI Level 1 or 2 or equivalent or a higher-level trauma training)

Your feedback matters

The toolkit is a live document and we welcome all suggestions for improvement. Please contact the SBNI on info@sbni.hscni.net, titled Toolkit, to share your feedback or any examples for inclusion.



Setting the Scene

Overview

Developing a trauma informed organisation is an incremental approach, a process and a journey. While the goal is whole system organisational change, we understand that everything cannot be achieved at once and it is necessary to sequence actions into bite size pieces. There are many pressures within our system, so it is important that the starting point is manageable and realistic. **Small changes can have a big impact.**

We recognise that implementing a trauma informed approach is complex, as organisations and systems differ widely. The **six principles and ten focus areas*** in this toolkit provide a pathway, acknowledging the different starting points and priorities for organisations. The organisational checklist is a practical resource that can be used to provide either a baseline or review of your organisation's progress. It is primarily intended to identify areas for improvement and support planning, rather than serve as a scoring matrix. Its core function is to support organisations to measure progress. It identifies key aspects of a trauma informed organisation and can support continuous improvement and evaluation.

*Detail of the focus areas will be provided in booklet form to support implementation.

“A thorough, measurable assessment:

- helps a system or organisation determine areas for improvement and areas of strength across all levels of the system or organisation
- allows an organisation to assess capacity and target training activities and strategic planning
- helps the leadership and staff understand the need for a TIA
- provides data to validate TIA need and assess readiness for TIA implementation.”
[2]



Setting the Scene

Next steps

Step 1

Complete organisational checklist, download an editable version [here](#)

Step 2

Analyse results and select priority focus area/s

Step 3

Attend relevant focus area workshops/consult TIP team/SBNI website

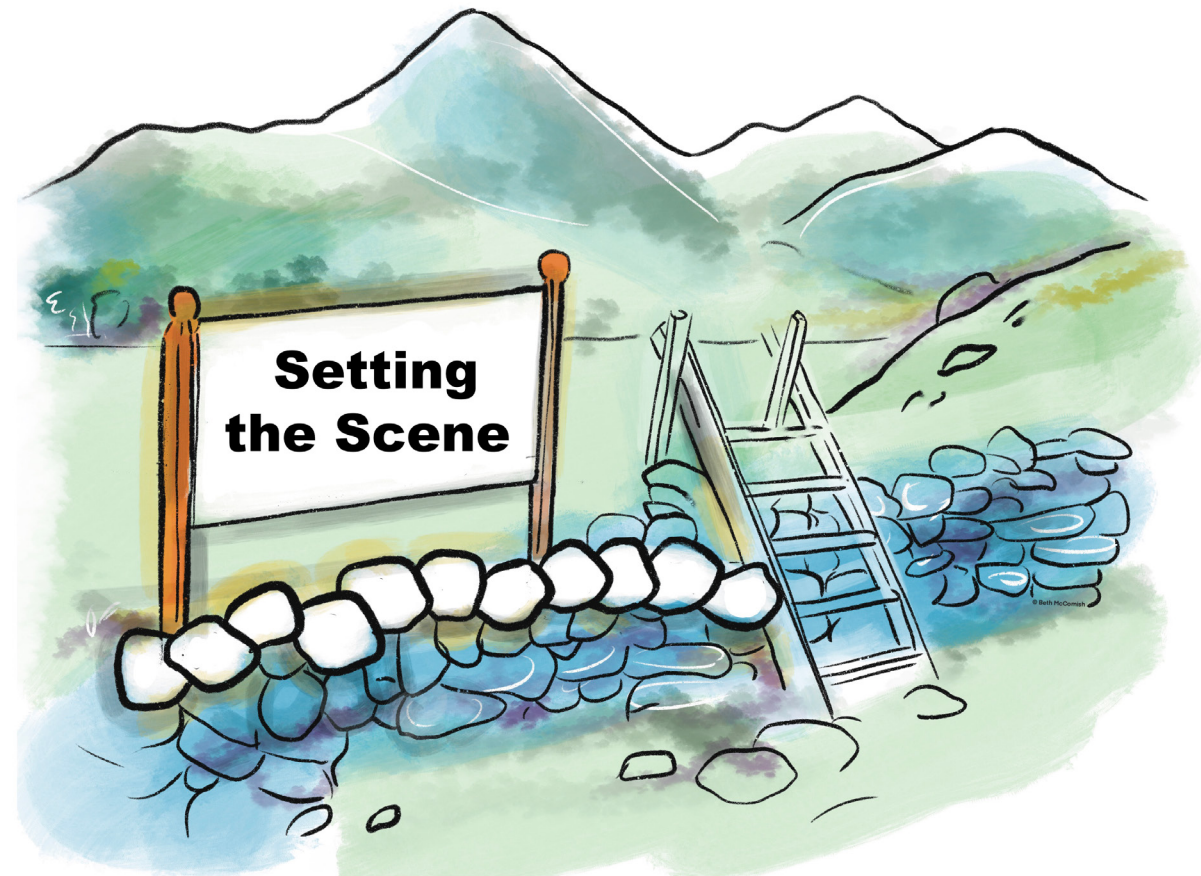
Step 4

Start developing your organisational action plan

Step 5

Build support networks to continue the implementation journey

Each focus area has a dedicated information booklet incorporating relevant research and further examples.



Key Concepts

Northern Ireland (NI) has its own unique structures, e.g. in politics and education. The legacy of the troubles/the conflict has impacted to varying degrees on the health and wellbeing of NI society and how services are delivered, however it is positive that we have experienced relative peace latterly. People new to NI may find it a complex society to understand and belong to.

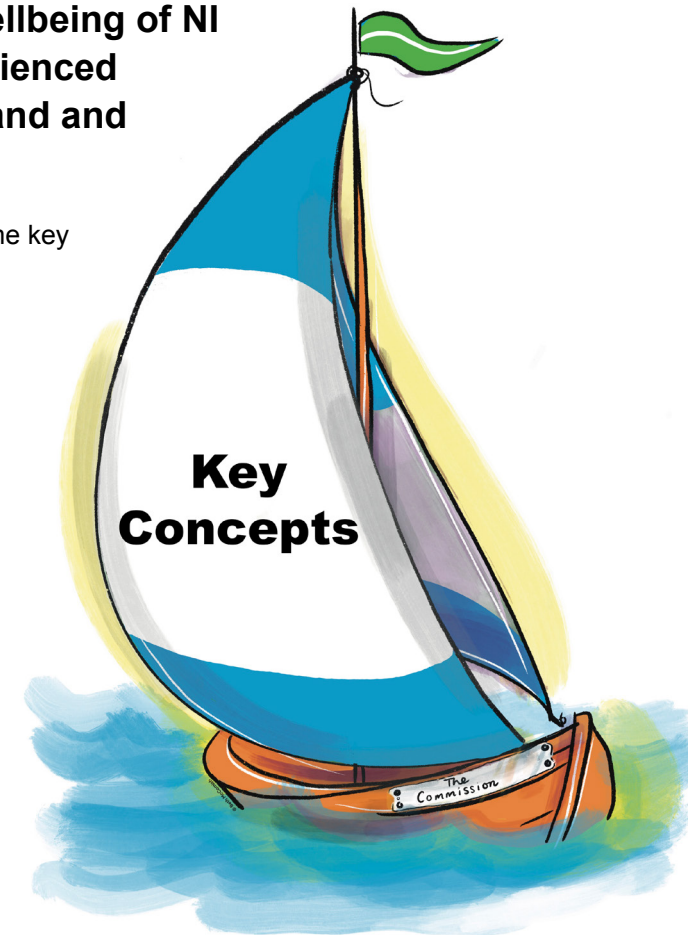
This section explores the key concepts which inform a trauma informed approach in the NI context. The importance of a relational approach is emphasised throughout. When it is understood why relationships matter and how interactions can hurt or heal, this provides an evidence base and foundational framework to apply a trauma focussed lens to all our engagements.

The QUB TIA Implementation Research 2024 [10] made explicit reference to a lack of definitional consensus on the use of terminologies such as trauma, trauma informed care (TIC), or a trauma informed approach (TIA). This absence of conceptual clarity was also noted as potentially problematic in the QUB Evidence Review of 2019 [13]. Importantly, Bargeman [10] proposes that to be able to define trauma informed care, the term trauma itself needs to be defined first in order to make the distinction.

Becoming a trauma informed organisation is a journey, where the six principles are embedded into the culture of an organisation. It is also about infusing our understanding of the theories, models and concepts related to trauma, adversity, resilience and recovery.

In this section we will define some key concepts including.

- What is trauma?
- What is a trauma informed approach?
- Why is it important for an organisation to be trauma informed?
- Key trauma terminology



Key Concepts

What is trauma?

The word 'trauma' originates from the Greek word 'traumata' which means an injury, a wound, or to pierce. As Treisman outlines, "this resonates with the way that experiences of trauma can pierce or wound individuals, families, organisations and communities." [36]. As Maté states, trauma is not what happens to you, its what happens inside you. Therefore **trauma is the response to a distressing or disturbing event/s, that overwhelms the ability to cope.**

"Trauma is one possible response to adversity. A traumatic event can be an experience, series of experiences, or circumstances but resilience is possible with timely support." [35]

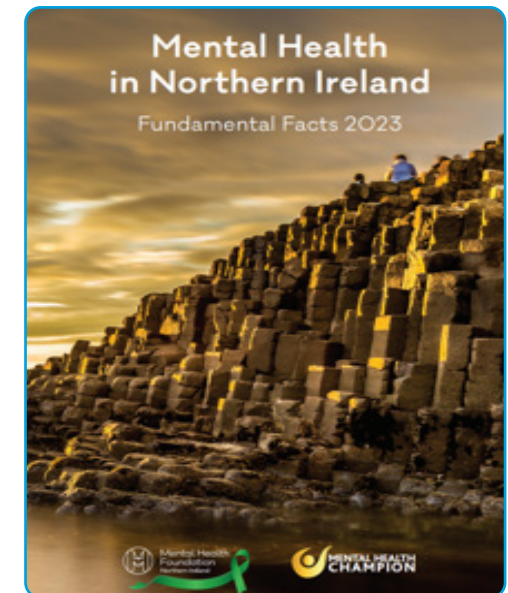
NI context

International studies have highlighted the high prevalence of trauma. Adults in NI are known to experience higher rates of trauma (and mental ill health) than other parts of the UK. Researchers have linked this to the long-term impacts of our past. The 2020 Youth Wellbeing Survey [3], also found that anxiety and depression is 25% more common in children and young people in NI compared to other parts of the UK.

When defining trauma in the NI context, the focus may be on those impacted by the NI conflict/troubles, abuse or neglect (e.g. institutional, physical, sexual or emotional) and/or traumatic loss e.g. a death by suicide.



[3]



[4]

Key Concepts



This illustration is not meant to be an exhaustive list.

Key Concepts

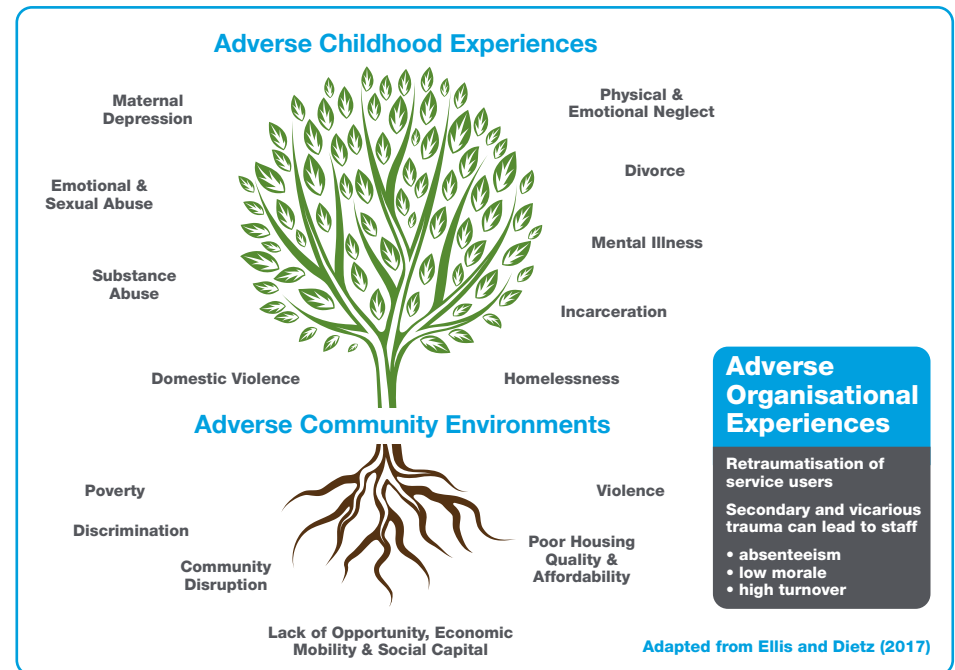
While these adversities on page 10 can be deeply impactful experiences, it is also important to consider that an individual does not have to undergo an overtly distressing event, for it to affect them. An accumulation of seemingly less pronounced events can also be traumatic. Events such as relationship breakdown or conflict, financial difficulties, bullying, discrimination or social isolation can also exceed a person's capacity to cope.

When encountering someone needing support, a trauma informed approach requires us to move from thinking 'what's wrong with you?', but rather to consider 'what has happened to you?' However, trauma is also about experiences that did not happen. We need to consider the impact of having an emotionally unavailable or inconsistent caregiver, the impact of neglect or experiencing something traumatic and not feeling able to seek support from those around you. All types of traumas (many undisclosed) can silently and cumulatively affect individuals in our workforces and communities, leaving deep wounds.

Fully acknowledging the imprint of trauma and adversity means we understand:

- our stress response system – how stress and trauma affect our brain and bodies
- how trauma can impact our ability to feel safe and develop trusting relationships
- what promotes recovery and healing - why relationships matter - and how relationships are key to human development, regulation & resilience.

This illustration to the right highlights the often complex and multifactorial issues which can have a cumulative impact on both individuals and communities.



[5]

It is not just about adverse childhood experiences, but also about adverse community experiences, adverse cultural experiences, & adverse organisational experiences. [8]

Key Concepts

While the majority of NI society now live in relative peace, some continue to live with the imprints of our violent past. Those who were deeply impacted during the troubles/the conflict, often subsequently experienced a range of physical and mental health issues.

Many became desensitised to what was happening around them, while for others, complex emotions were unspoken or not validated. Trauma experts highlight the added detrimental impact of being alone with such emotional pain. At the time of writing, violence and paramilitarism remain prevalent issues for some communities. Significant numbers do not feel safe in the areas where they reside. [7]

The impact of the Troubles affects both past and present generations and there is evidence that mothers who report high levels of impact from the Troubles experience higher levels of psychological distress which, in turn, is related to higher levels of mental health difficulties for their children. [6]

When trauma is unresolved, this can impact on a person's ability to feel fully alive in the present, which in turn could negatively affect their close relationships with family, friends, partners or children (as illustrated).

When traumatic experiences or memories intrude on the present, (or constant energy is required to try and keep them from surfacing) this can result in an individual finding it difficult to be emotionally available to those around them. Those who have experienced adversity and trauma, can be more easily triggered. While relational dynamics are complicated and multi factorial, often the foundations of transgenerational trauma can be passed on within families.



Key Concepts

Why relationships matter

While there is a significant complexity to trauma and trauma recovery, connections with others, supportive and nurturing relationships (within and outside the family and community) can reduce the impact of trauma.

Many of us will experience traumatic events in our lives and recover. How long it takes to recover and what support we need to be able to do so, can vary greatly. A person's individual response and the severity of the impact of trauma can be influenced by a range of factors including:

- if we have the support of family or friends to help us process the experience
- if the trauma was a one-time event or recurring
- if it occurred during childhood, such as repeated abuse or neglect; particularly when perpetrated by a caregiver (often called Developmental Trauma) [9]

Resilience is a possibility that our whole society can support, top down and bottom up. Governments can be a responsive partner when they support trauma informed delivery in our services and communities. In the communities in which we live, we can all play a part in supporting inclusion.

Being trauma informed therefore can help us develop an understanding of why our early experiences matter; and how overwhelming experiences across the lifespan can cause lasting physiological and psychological imprints, if not addressed. When people have experienced trauma, timely relational support can help counterbalance its negative effects. Being trauma informed emphasises the benefits of supportive relationships, supportive working environments and communities. We can use what we know about adversity, trauma, and resilience in our efforts to strengthen related policies, programmes, and public agencies.



Key Concepts

What is a trauma-informed approach?

QUB TIA Implementation Research 2024, commissioned by the SBNI, acknowledged the variance of language used regarding this topic. We have followed the direction of the research team who decided to adopt the overarching term of Trauma Informed Approaches (TIA) to encompass Trauma Informed Practice (TIP) and Trauma Informed Care (TIC). This serves to reflect the relevance of TIAs for organisations which do not provide frontline service provision as well as those which do.

Creating a safe environment, for both physical and emotional safety, requires intentionally and comprehensively incorporating trauma informed principles and practices into an organisation's structure, service delivery, and culture [2]

Those who we support and who receive our services in NI are known by a wide range of terms including: patient, client, service recipient, stakeholder, pupil, student, family, carer and many others. While the QUB research predominately uses the term "service user", we will use a variety of terms to reflect those we support to ensure the document is relatable across sectors. Lowenthal [11] highlights how "the development of a shared language and understanding of TIAs has been argued to facilitate implementation."

Being trauma informed means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience. [12]

The broader term of 'trauma informed' refers to a whole-systems organisational change framework that aims to develop coherent cultures, policies and practices across systems of service delivery to enhance service user engagement and provide more effective care. [13]

A trauma informed approach means we:

Realise that trauma can affect individuals, groups and communities

Trauma informed practice is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Recognise the signs, symptoms and widespread impact of trauma

A trauma informed approach aims to increase staff awareness of how trauma can negatively impact on individuals and communities and their ability to feel safe or develop trusting relationships with services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to encourage staff to work in collaboration and partnership with people to empower them to make choices about their health and wellbeing. When an individual does not feel safe this can impact on how they engage with others, making it more difficult to reflect, regulate, learn and manage emotions.

Trauma informed approaches acknowledge the need to see beyond an individual's presenting behaviours and move from thinking 'what's wrong with you?', but rather consider 'what has happened to you?'.



Key Concepts

Prevent re-traumatisation

A trauma informed approach seeks to do no harm. It aims to avoid re-traumatisation which is the re experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Sometimes unintentional harm can be caused within our systems and organisations. While traumatic memory is complex, experiences in the present can activate traumatic memories. This is why we are required to avoid recreating feelings and experiences that mirror past trauma.

We need to provide safe environments, ensure privacy and confidentiality, and ensure we engage in a respectful and collaborative tone based on the six trauma informed principles.

The purpose of a trauma informed approach is not to treat trauma related difficulties. This is the role of trauma specialist services who seek to support people in a variety of ways including helping them to access their own internal resources.

Instead the focus of a trauma informed approach is to address the barriers that people affected by trauma can experience when accessing services. (adapted from [24])

Systems and organizations that implement a trauma-informed approach (TIA) create safer environments for their staff and the individuals they serve. They deliver services with the best chance of achieving optimal health outcomes. [2]



According to Brennan [14], potentially retraumatising practices include:

- Use of force and coercion
- Harsh, punitive discipline practices
- Seclusion and restraint
- Rigid rules
- Lack of privacy and confidentiality
- Unsafe environments
- Being talked at or talked down to
- Verbal or physical abuse by staff at facilities
- Witnessing abuse towards others in the service environment
- Feeling trapped
- Using confusing language and terminology
- Disrespectful language and tone towards those who use services
- Policies and procedures that shame, devalue, disrespect, and otherwise disempower people
- Individuals having limited voice in decision-making about their care
- Inadequate treatment interventions that do not address trauma-related needs
- Issues of bias, discrimination, and related disparities and disproportionality across systems (adapted from [14])

Clarifying the distinction between trauma specific services and a trauma informed approach across our services is important. **Not all traumatised people will seek or require support in clinical settings but they will all engage with a wide range of services as they journey through life.** Therefore, it is important that we cascade the knowledge of how trauma can impact functioning across our systems, to ensure we deliver our services in a way that is supportive and promotes healing and recovery.

Key Concepts

Trauma-informed approaches are an organisational change process, focussed on preventing (re) traumatisation within services. [15]

Embedding a trauma informed approach in NI can be viewed as a **process of organisational change**, one which seeks to do no harm and create a recovery environment for staff, survivors and others. When we speak about the specific Northern Ireland context, it is important we understand what supports recovery and healing for both individuals and communities.

Acquiring and implementing this knowledge not only reduces the risk of traumatised people being re-traumatised (i.e. by being inadvertently 'triggered' when interacting with people who do not understand the impacts of trauma). It also helps interaction to be smoother and less stressful for everyone. [16]

Becoming a trauma-informed organisation is therefore not considered a one-off activity or a standalone intervention that can be delivered in silo. It is instead a process that requires culture change and ongoing work at all levels of the organisation, rather than simply training or screening. [10]

Implementing a trauma informed approach is complex, as organisations and systems differ widely. Lowenthal recommends a whole-system approach to the implementation that is evidence based, developmentally informed and is flexible enough to be adapted to each organization's unique context. Thus, a trauma informed approach has also been described as a framework to guide complex systems. [11]

Implementing a trauma-informed approach is an ongoing change process that involves a shift in knowledge, perspectives, attitudes, and skills throughout an organization. Achieving this type of systems change requires continuous quality improvement. [2]



Key Concepts

Why is it important to know about a Trauma Informed Approach?

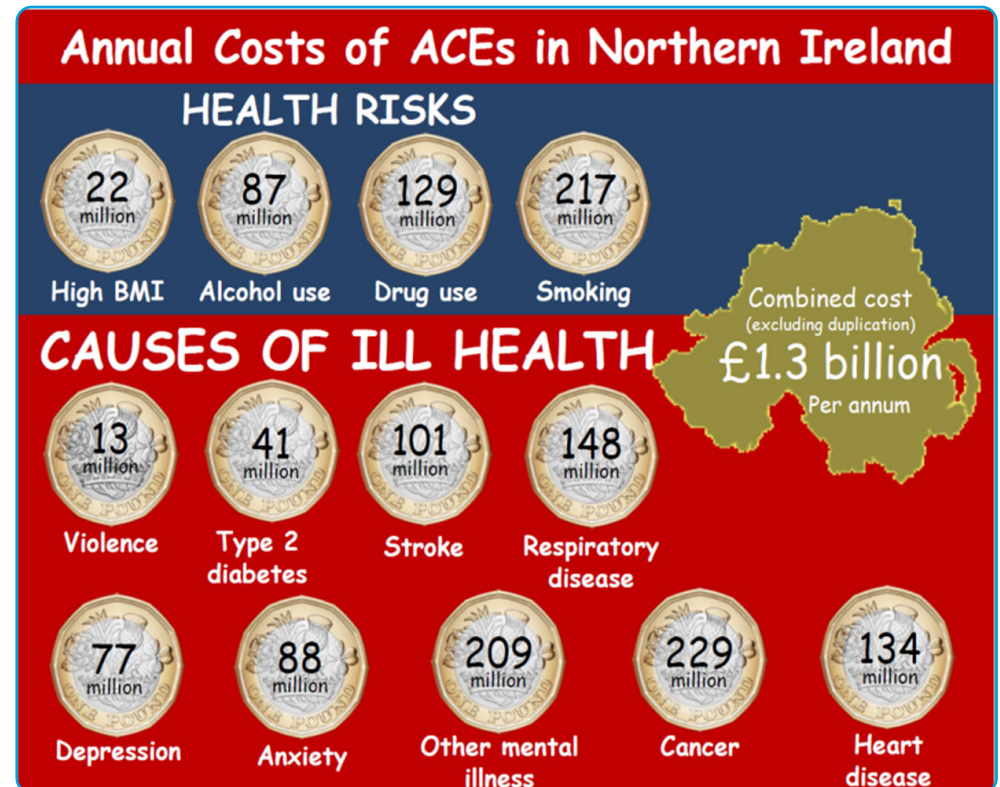
A trauma informed approach can improve service delivery, how people respond and relate to each other and improve the outcomes for both those who use our services and staff. When we acknowledge the prevalence of trauma in NI, we realise significant numbers of individuals (including our workforce) have been impacted by adversity and trauma.

Recent insights in the field of trauma can support us as individuals, communities and professionals to develop a deeper understanding of the multi factorial issues that shape human health and development. The costs of failing to recognise and respond to trauma in NI are hidden. They are embedded into the costs across our public sector including education, health, housing, justice system, and policing. Bellis in 2020 estimated the cost to the NI economy was £1.3 billion per annum, extrapolated from his studies in Wales and England. [17]

A study regarding the prevalence of adverse childhood experiences, exposure to violence and its impact in NI is in progress (2024) by QUB.

Trauma informed approaches recognise that many service users, patients or clients of health, social care, education and justice services will have been impacted by potentially traumatic adverse experiences across their life course, and therefore a more responsive form of service delivery is required. [10]

Trauma informed approaches also encompass research on positive relational experiences and there are various NI specific research papers (see evidence and examples section).



Key Concepts

What does a trauma informed organisation look like?

When an individual is highly stressed they can find it hard to learn, regulate, retrieve and retain information, take on the perspective of another and manage emotions. Daniel Siegel uses the term window of tolerance and outlines how we can either be within or outside our window of tolerance. This concept can also be applied to organisations. When an organisation is within its window of tolerance we will see:



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

Key Concepts

Key ingredients for TIA



Lead and communicate about the transformation process



Engage service users in organisational planning



Train clinical as well as non-clinical staff members



Create a safe physical/emotional environment



Prevent and address secondary traumatic stress in staff



Hire a trauma-informed workforce

Adapted from [18]

Relationships in the workplace

A trauma informed approach is based on relationships, so how we engage with those we support, our workforce and colleagues is fundamental.

Good quality relationships have a positive impact on health and wellbeing. Investing in relationships in our workplaces is essential. “In Europe it has been estimated that one in every four workers, experience work related stress for all or most of their working time. Good working relationships can help mitigate this stress, while poor relationships exacerbate and cause stress” [20].

Safety is based on positive and healthy connections between people. [25]

“Relationships ..permeate all settings of a person’s life – home, school, workplace and community. They can be both a risk and protective measure for good health and wellbeing.” [20]

A core value of a trauma informed approach is the principle of safety.

To paraphrase Gabor Maté, safety is not simply the absence of threat, rather it is the presence of a connection. The onset of the COVID-19 pandemic amplified the experience of not feeling safe for so many, yet essential services staff remained on the front line. This serves as a reminder that while system change and improvement in organisations can benefit from structures to guide implementation, it is the **people who do the work, do the change** (adapted from Myron’s maxims [21]).

Key Concepts



TIA Implementation

“Meaningful change requires ongoing work and the participation of all levels of the organizational hierarchy to be sustained, especially in complex service systems where change is difficult and where the dominant service delivery paradigm may be incompatible with TIC principles.”

(Lowenthal, 2020, p. 184)

There is already significant trauma informed work happening within and between services in Northern Ireland. For many, a key aspect of this journey may be about supporting staff to recognise what they are already doing and how this approach may be further infused in their workplace. For others it will be about considering the best starting point, how to achieve a shared learning environment, a shared vision or importantly promoting collaboration through **connecting the system to more of itself.** [20]

Key Concepts



This illustrates a positive vision for NI where a trauma informed approach enhances outcomes for the whole of society.

Key Concepts



In Northern Ireland it is evident that there are multiple cross policy links, regional and local priorities which aim to address the impact of adversity, promote positive relational experiences and proportionate supports. Many parts of our system are working to the same objectives, so this effective collaboration is vital.

We know there are overlaps and interactions between substance use and poverty, deprivation, mental health and wellbeing, community relations, community safety and justice, employment, economic development, trauma, and the impact of our past. [21]

As Bannear [22] emphasises, fostering more quality and trusted relationships is a critical enabler for change:

We need to stop trying to find the solution, and instead design for the conditions that enable the emergence of many solutions...For the catalysers of complex system change (often government), that means starting to value relationships as a key outcome.

Key Concepts

Key Trauma Terminology

The definitions below were adapted from a resource collated by Trauma Informed Oregon to support individuals and organisations to realise the widespread impact of trauma.

[Key-Terms-Related-to-Realizing-the-Widespread-Impact-of-Trauma.pdf \(traumainformedoregon.org\) \[23\]](#)

Term	Definition
Acute Trauma	Acute trauma is a one-time event that happens under a limited amount of time. This could include sexual or physical assault, going through a natural disaster, or possibly a car accident. Examples include medical trauma, hate crimes, physical or sexual assault.
Adverse Childhood Experiences (ACEs)	Adverse Childhood Experiences refers to a study by the Centers for Disease Control and Prevention that examined the relationship of prevalence of traumatic experiences in childhood to a number of negative mental and physical health outcomes in adulthood.
Adverse Community Experience	Adverse community experiences refer to traumas that are experienced by entire communities, as opposed to individuals. The physical, socio-cultural, and economic environments all have an effect on how adverse community experiences proliferate.
Chronic Trauma	Chronic trauma is where an event may happen over and over again or it may be a multiple layering of events. For example, chronic trauma might apply in cases of ongoing abuse, neglect, domestic violence, human trafficking, or it might be that someone has multiple events happen to them. For example, they have cancer, they're in a tornado, and then they are in a car accident — different types of trauma layering one on the other. What is important to understand about chronic trauma is that going through an event once may not be a protective factor but it can actually increase your risk factors for susceptibility when you go through another event.
Collective Trauma	The term collective trauma refers to the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, and like all forms of memory it comprises not only a reproduction of the events, but also an ongoing reconstruction of the trauma in an attempt to make sense of it. War, genocide, slavery, terrorism, and natural disasters can cause collective trauma, which can be further defined as historical, ancestral, or cultural.

Key Concepts

Term	Definition
Complex Trauma	Complex trauma is a lot like chronic trauma, except that it happens at the inactions or actions of the caregiver, the person that a child should be able to trust. This trauma generally starts in the early years, 0–6, even though it can go beyond that. The importance of understanding complex trauma is because it doesn't end when the trauma ends, it doesn't end when the abuse ends, it doesn't end when the domestic violence, assault or the neglect ends.
Developmental Trauma	Developmental trauma is multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death). Developmental Trauma is “a set of complex difficulties affecting a child’s sensory systems, dissociative responses, attachment, capacity for regulation, identity and cognitive abilities.” [33]
Intergenerational Trauma	Intergenerational trauma is a traumatic event that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma.
Medical Trauma	Medical trauma can include symptoms of Post-Traumatic Stress Disorder in response to medical experiences such as pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.
Moral Injury	Moral injury is the strong cognitive and emotional response that can occur following events that violate a person’s moral code. Potentially morally injurious events include a person’s own or other people’s acts of omission or commission, or betrayal by a trusted person in a high-stakes situation. It is when organisational actions do not align with a person’s values. [34]
Organisational Trauma	Organisational trauma often refers to how an organisation, system, or team can become unhealthy and traumatised, and how an organisation, system, or team can create trauma for the people who work there and there people it serves, through organisational adverse experiences. [36]
Post-Traumatic Stress Disorder	Posttraumatic stress disorder (PTSD) is a mental health condition triggered by a traumatic event—either experiencing it or witnessing it in person. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event.
Post-Traumatic Growth	Post-traumatic growth refers to the process of individuals who have experienced trauma gaining “positive change and growth” through the healing process of coping with the trauma. It is important to note that post traumatic growth is not caused by trauma, but by the healing process that the individual takes part in.
Toxic Stress	Prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Key Concepts

Term	Definition
Trauma	Overview definition - Trauma results from an event, series of events, or a set of circumstances an individual experience as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture.
Traumatic Grief	Traumatic grief is a response to death and/or grief that is similar to other reactions to trauma. Individuals may ruminate on the details of the death, have difficulty with memory and development, and experience emotional and physical arousal symptoms.
Vicarious Trauma	The term Vicarious traumatization (VT) was coined by Pearlman & Saakvitne to describe the profound shift in world view that occurs in helping professionals when they work with individuals who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.
Race-based Trauma	Racial and ethnic minority individuals may experience racial discrimination as a psychological trauma, as it may elicit a response comparable to post-traumatic stress. Examples include macroaggressions, microaggressions and hate crimes.
Resilience	Resilience "is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways." It is the ability to manage transitional, difficult or challenging events in life without being overwhelmed.
Vicarious Resilience	Vicarious resilience refers to the process of service providers experiencing positive personal development caused by witnessing their clients' resilience and growth through adversity. By being a part of the healing process for their clients, service providers may experience their own healing and a shift in the way they are able to view their own struggles. It is the positive meaning-making and shift of the worker's experience as a result of witnessing the resilience of others.

[23]

Six Principles



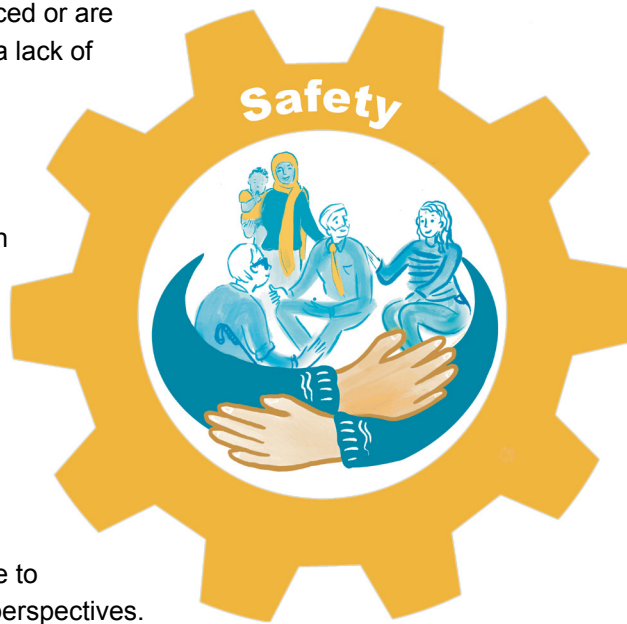
In light of the prevalence of trauma, it is important to understand why we need to embed trauma informed principles and values throughout an organisation. A trauma informed approach is about how and in what way a service is delivered, rather than simply what the service provides. By implementing the six trauma informed principles: **safety, trustworthiness, choice, collaboration, empowerment and inclusion***, we can create environments and services that reduce stress and the risk of individuals becoming overwhelmed. **This approach can prevent further trauma to anyone accessing and providing services.**

Creating a trauma informed culture is about everyday behaviours and interactions. It is about how we do our business and how the six principles are infused into everything we do. The six principles need to be embedded into our interactions and engagements through language, tone and written communications. This will help us harness compassionate and supportive relationships, and will improve the culture in our work environments and communities.

*adapted from [24]

Safety

Individuals who have experienced or are experiencing trauma may feel a lack of safety or control in their lives. This may cause difficulties in developing trusting relationships across settings. It is essential to create safety in all interactions and physical settings. Creating safety means that we are sensitive to the way our services are delivered. This means being sensitive to the comfort levels of those we are engaging with. We create safety by ensuring there is a safe space for people to openly verbalise feelings and perspectives.



We create safety by working with people rather than 'doing to' or 'for' the person. Creating safety means we understand that many of the presentations, behaviours or symptoms we encounter across our services can be viewed as an adaptive coping strategy by the individual.

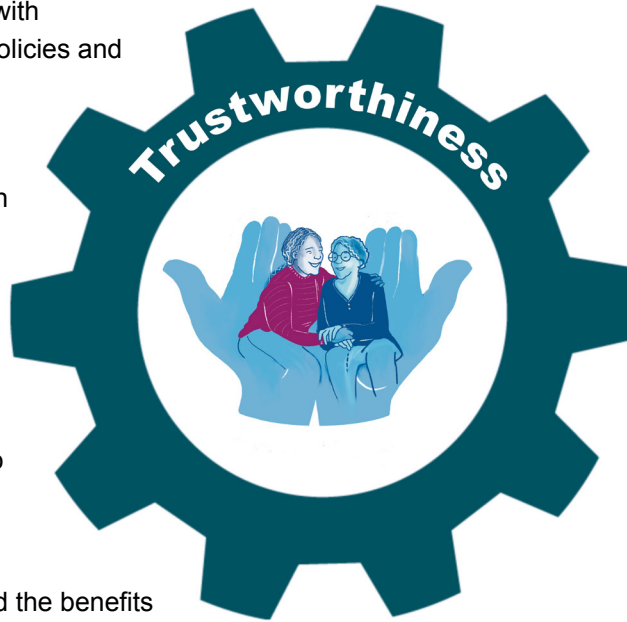
Safety is the presence of a meaningful relational connection. For our staff, we will have a psychologically safe workplace when we feel safe to share our views openly and authentically. The organisation must support staff to have those difficult conversations to allow for relationship building and a better understanding of staff challenges.

We promote safety by:

- doing 'with', and not 'to' people
- informing people about processes, creating predictability
- asking how people want to be addressed
- being mindful of our tone of voice, verbal and non-verbal communication and facial expression
- making physical spaces safe, comfortable, calming and welcoming
- having clear lines of sight towards exits
- ensure confidentiality, privacy and dignity at all times
- providing clear and easy to understand signage.

Trustworthiness

An organisation that operates with transparency in its practices, policies and procedures will build **trusting relationships**. People who have experienced trauma can experience a lack of trust which may result in disengagement and a feeling of isolation. An organisation that creates a culture of respect, honesty, transparency, openness and consistency, will enable people to build trusting relationships to support change.



The QUB TIA Implementation Research 2024 **[10]** highlighted the benefits of building trusting relationships in everyday practices. The examples have shown the importance of embedding 'meet and greet' in everyday routines, recognising service user strengths, meeting people 'where they are at' or 'seeing the person, before the problem'.

Time is an important factor to get to know the person and to build trusting relationships based on safety, empathy, compassion, honesty and transparency. This enables trustworthiness in the system, where individuals are active participants in decision making. We need systems that prioritise restorative practices, focusing on emotional regulation and relational repair rather than disciplinary and punitive measures.

The research also described how a sense of safety and trustworthiness was cultivated and achieved when the "programme and service staff were consistently non-judgmental, welcoming, and respectful." (Case study participant) **[10]**

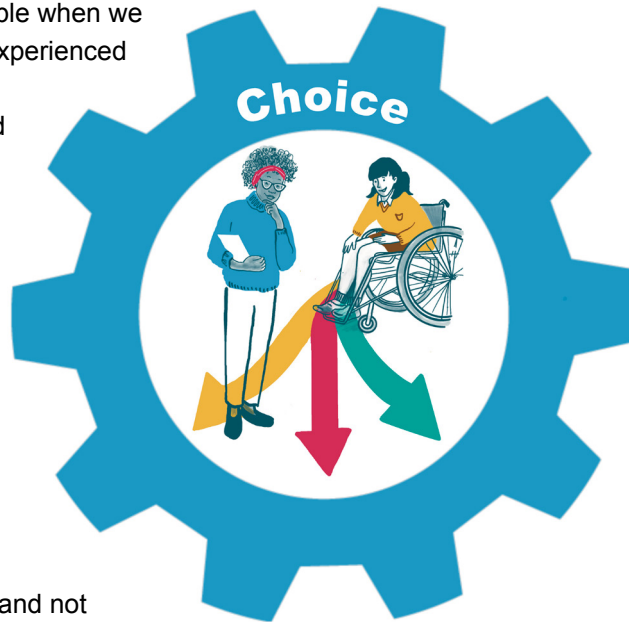
We promote trustworthiness by:

- committing to open and honest communication
- ensuring those with lived experience are at the centre
- establishing boundaries
- building trusting relationships
- identifying and setting expectations
- providing transparency for everyone
- outlining roles and responsibilities from the outset
- explaining what we are doing and why
- setting realistic and achievable goals
- managing expectations and not overpromising.

Choice

Offering choice is a core principle when we engage with those who have experienced trauma and adversity. When individuals and staff are offered clear and transparent choices, and their needs and wishes are actively listened to and understood, this will result in a reduction in stress.

After adversity or trauma, the predominant experience can be the feeling of a lack of control. Such negative experiences often result in disengagement from systems, a feeling of not being listened to and not having a choice in matters that affect their lives. With sufficient repetition, positive experiences can contrast and contradict previous experiences. Therefore it is important to provide experiences that are not associated with past traumas. Offering a choice when possible, is a fundamental principle on which interaction with trauma survivors are based.



When individuals and staff are offered choice, no matter how big or small, this can support the individual to experience a sense of control in what happens next. For example from offering a choice regarding support and intervention, method of communication, choice of seat, or where they access services.

We promote choice by:

- listening to the needs and wishes of individuals and staff
- offering clear and transparent options
- ensuring service users and staff have a voice in the decision-making process of the organisation and its services

Collaboration

Creating a culture of collaboration will positively shape service design and delivery and result in meaningful engagement. Organisations asking individuals what they need and collaboratively considering how these needs can be met is an important enabling factor for a trauma informed approach.

We recognise the importance of people regaining a sense of control and influence on their lives to support recovery. People feel valued when those who are responsible for their care take time to listen through showing genuine interest in their experiences and views. It can have a therapeutic effect when people feel understood and listened to.

By contributing to service delivery, there can be a sense of a shared commonality that will enable a supportive environment. When staff can openly and honestly collaborate at many levels and there is a clear understanding of peer support within the organisation, safe and trusting relationships can develop.



The QUB TIA Implementation Research 2024 [10] case studies reported that where interagency and multidisciplinary collaboration had been successfully achieved it was perceived to have brought positive outcomes for both service users and staff.

We promote collaboration by:

- using formal and informal peer support and mutual self-help
- asking service users and staff what they need and collaboratively considering how these needs can be met
- focusing on working alongside and actively involving service users in the delivery of services
- considering sharing knowledge and skills across the organisation, the sector and with other sectors
- identifying and addressing gaps in partnership
- working together to avoid duplication internally and externally.

Empowerment

People who have experienced, or are experiencing trauma, may feel powerless to control what happens to them, are isolated by their experiences and have feelings of low self-worth. A trauma informed approach provides a framework to listen, validate, acknowledge and ultimately support and empower people, at an individual and organisational level.

Practically this means that efforts are made to share power and give individuals a voice in decision making. This means that we acknowledge the power of being listened to and feeling understood.



We promote empowerment by:

- validating feelings and concerns of individuals
- supporting people to make decisions and take action
- providing a platform for individuals to feel listened to and understood
- implementing recommended change and sharing this with people who have shaped the change
- promoting the learning and development of our staff
- ensuring everyone involved in the organisation has time to understand the change and why it is important.

Inclusion

Section 75 of the Northern Ireland Act 1998 places a statutory obligation on public authorities to carry out their function with due regard to the need to promote equality of opportunity and good relations.

We are required to treat people fairly and based on their needs and to make things better for staff and people who use our services. The Act also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to consider:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependents or not.

There are also three good relations groups to consider:

- Religion
- Political opinion
- Ethnicity



We are also required to follow the law under the Disability Discrimination (Northern Ireland) Order 2006, which says that we have to:

- promote positive attitudes towards people with disabilities and
- encourage participation by people with disabilities in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible.

People who have experienced trauma often report a sense of isolation and exclusion from society. Creating a trauma informed culture will support inclusion by enhancing our understanding of our workforce and individuals served. Providing a place of acceptance will promote inclusion and shape services that are relevant to people, promote their growth and learning and enrich our communities.

We promote inclusion by:

- fulfilling the Section 75 requirements
- incorporating policies, protocols and processes that are responsive to the needs of individuals served
- acknowledging cultural stereotypes and biases
- understanding, recognising and embracing difference
- acknowledging the impact being excluded can have
- promoting inclusive and accessible services
- promote shared services to enhance commonalities.
- recognising the healing value of connection and relationships.

Evidence

Organisational transformations are three times more likely to succeed if they systemically identify the enablers and barriers to implementation and subsequently try to design mechanisms to address them. [25]

In 2022/23 Queen's University Belfast (QUB) was commissioned by the Safeguarding Board for Northern Ireland (SBNI) to undertake research to:

- update the previous QUB Evidence Review [13] sharing key components of effective trauma informed approach (TIA) implementation in diverse real-world settings
- conduct online organisational surveys to map progress across key sectors in NI
- establish a senior leadership strategic overview of implementation across NI
- capture the organisational learning from cross sector case studies
- provide recommendations for advancement of trauma informed approaches across NI.



Throughout this toolkit we will outline the benefits, barriers and enablers that have been identified in NI by infusing the findings and recommendations from the research report. The report was called “We are on a Journey”- **Implementing Trauma Informed Approaches in Northern Ireland [10]**. The team published their findings in 2024 producing an executive summary and full report (click on blue arrow):

Evidence

A key message from the QUB TIA Implementation Research 2024 [10] was that TIAs had particular resonance to the NI context, given the collective history of political conflict and its pervasive impact. It was acknowledged at the outset the significant work that has occurred to date across many sectors and organisations in NI to advance the implementation of a trauma informed approach.

The research consisted of four distinct components:

1. A Rapid Evidence Assessment (REA) of national and international literature reviews about the implementation of TIAs.

It identified and synthesised data from publications after 2018 with a focus on key components of effective TIA implementation to embed and sustain TI organisational developments.

2. Progress Mapping of TIA implementation across sectors and organisations in NI.

This element involved a bespoke structured online survey to map the progress of organisations and services in implementing Trauma Informed Approaches. In total, 53 organisational or service responses were included for analysis. Survey submissions represented organisations and services within diverse sectors and settings, of different sizes, target populations and geographical areas served. Both regional and non-regional services were represented although adult services were a clear minority of received submissions. Over half of the survey responses reported upon TIA implementation in large organisations of over 500 employees.

3. A Strategic Overview of senior professionals' assessment of TIA implementation in their sector or area of expertise.

Eight sector-specific/regional focus groups with a total of 52 senior professionals and managers were conducted to establish an overview of leaders' assessment of TIA implementation to date in different sectors and the region as a whole, and views about the future advancement of TIAs in NI.

4. Case Studies of selected cross-sector TIA implementation initiatives in NI.

This element of the review aimed to establish a comprehensive understanding of the implementation of trauma informed approaches in four different organisational settings, enquiring about: *what was implemented, how it was implemented, what difference did it make and to whom, as well as perceived implementation enablers and barriers within the service context*. It sought to capture important organisational learning which could be applied to other service settings, helping provide a vision for ongoing TIA development. The four case studies were selected to include different types of service settings as well as statutory and voluntary/community organisations of different sizes, serving both child and adult populations.

You can read the comprehensive assessment of progress across organisations in NI in chapter 3 of the QUB TIA Implementation Research. [10].

Evidence

Overview

The QUB TIA Implementation Research 2024 [10] used three implementation domains:

- 1 **Organisational development:** consideration of governance and leadership; financing and resourcing; review of policies and procedures; collaboration within the organisation and inter-agency collaboration; the physical environment; enhanced service user and caregiver involvement; progress monitoring, review and evaluation.
- 2 **Workforce development and support:** promoting staff understanding of the impact of trauma on service users/caregivers (and themselves), as well as ongoing routine support/supervision/consultation to embed desired practice changes; staff wellbeing support is also considered in this domain.
- 3 **Service design and delivery:** embed trauma-informed practices in an organisation's routine service delivery (e.g. intentional relationship building engagement with service users/caregivers; reduced use of isolation, restraint, etc.); the integration of service users' trauma history into assessment, planning and intervention; and increased access to tailored trauma-focused services and interventions, where appropriate (i.e. specialist interventions for specific service user cohorts, such as group work or therapeutic interventions).

The international literature indicated that effective TIA implementation demands multiple strategies used over longer time periods in order to embed sustainable changes in the broader service system, across organisational culture and policy. [10]

Key messages for successful TIA implementation by service leaders included:

- the central importance of message consistency across the service system, recognising that initiatives themselves are context-dependent and thus likely to vary
- promoting such message consistency was thought to demand building connections with aligned initiatives across the organisation
- developing a shared leadership vision
- having a detailed knowledge and understanding of the service system, and thus a sense of what steps are required for successful implementation in a particular agency context
- making a small start (somewhere) and building on these foundations to cascade the learning
- understanding implementation as a 'journey' with the need for constant revision in light of learning
- recognising the central importance of staff involvement and support throughout.

Evidence

The QUB TIA Implementation Research 2024 [10] found the following key messages emerged from the senior professionals focus groups:

1. **TIA conceptualisation** remained an area of some confusion with the need for further clarity articulated by many in order to work toward a shared understanding of TIA implementation as meaningful whole system transformation.



2. **TIA organisational development** including senior leadership engagement and implementation structures requires attention to policy development as a means to embed a strategic TIA commitment, the physical environment, inter-agency collaboration, and progress monitoring and evaluation.



3. **Workforce development** was identified as the primary area of TIA implementation progress in NI. This was particularly apparent in the high levels of universal training reported, with greater attention now required to ensuring access to different levels of TIA training and context-specific support. In contrast, **workforce support** was identified as an area with more limited progress with inconsistent provision of supervision, reflective practice and incident de-briefing articulated. Overall, focus groups reported greater attention to **staff wellbeing** since the COVID pandemic, but this remained an area of need in light of recruitment and retention challenges.



4. Overall TIA implementation was reported as more progressed in child and young person services, with the implementation and relevance for TIA advancement in adult services identified as an area of significant need.



5. Wide-ranging **positive benefits** of TIA implementation were reported for service users, staff and organisations, with no disadvantages identified across the focus groups. TIAs were thought particularly suited to the NI context given the history of political conflict, creating an opportunity to address some of the legacy of the conflict.



6. Common **individual enablers/barriers** reported included the need to address staff fear, reticence and burnout by enhancing tailored workforce development and support opportunities to build staff confidence, understanding, skills and wellbeing, embed meaningful policy change to mitigate perceptions of some elements of TIA as tick box, and address the perceived lack of relevance for adult and non-frontline services.



7. **Organisational enablers, barriers and challenges** commonly noted across focus groups included the need to embed TIA advancement as core business, connecting with other aligned strategic initiatives, the need for senior leadership and TIA champions across the system while addressing staff turnover and burnout, adequate resourcing and capacity to support TIA developments, and the perennial problem of working in silos.



8. **Enablers, barriers and challenges related to the external or wider context** centred on the need to achieve a governmental TIA mandate, prioritisation challenges in a stringent economic climate, the absence of trauma-informed commissioning among other issues.



9. Overall, the clear message was to progress a trauma informed strategy for NI, it was important to:

- have a whole government approach and political leadership providing a cross-departmental mandate and commitment
- have a research strategy to enable the development of a robust evidence base.
- provide additional support for organisational leaders
- write a proposal for a national trauma training framework and a trauma-informed development centre to enhance standardisation and promote collaboration. [10]



Evidence

This table is a summary of the outcomes and perceived benefits of TIAs to service user and family caregiver as reported upon in the international literature (REA findings) and the NI fieldwork undertaken in the QUB TIA Implementation Research 2024 [10] (i.e. organisational/service survey, sector-specific focus groups, case study research).

Table 1. Outcomes and Perceived Benefits of TIAs to Service User & Family Caregiver

Specific Outcomes (REA)	Perceived Benefits (NI)
Service user satisfaction	Better service user experience (i.e. better-quality service, feeling valued/heard/understood etc.)
Service user/caregiver clinical, health, psychological, behavioural and/or educational outcomes (e.g. quality of life, family functioning, self-esteem)	Health & wellbeing, social (e.g. ability to engage with others), emotional & educational (e.g. readiness to learn) benefits
Engagement with services (including rates of attendance) and compliance with treatment	Meaningful engagement & participation in services ('voice' & agency) (e.g. home-school links)
Service user perceived safety	Access to more appropriate care, intervention & supports
Parenting and family outcomes (e.g. parenting confidence, caregiver strain/stress, family safety and caregiver capacities)	Better understanding of trauma & its impact Enhanced family relationships

Evidence

This table is a summary of the outcomes and perceived benefits of TIAs for staff as reported upon in the international literature (REA findings) and the NI fieldwork undertaken in the QUB TIA Implementation Research 2024 [10] (i.e. organisational/service survey, sector-specific focus groups, case study research).

Table 1. Outcomes and Perceived Benefits of TIAs to Staff

Specific Outcomes (REA)	Perceived Benefits (NI)
Staff trauma-informed knowledge, beliefs & attitudes	Improved understanding of TIP, trauma impact & service users' needs
Staff readiness & confidence	Staff self-awareness and confidence
Staff feeling supported & valued	Feeling supported, valued, consulted & included
Staff satisfaction	Higher job satisfaction
Staff stress	Improved health & wellbeing
Staff perceived safety	Better relationships between staff & service users
Staff capacity for trauma-informed practices	Enhanced practice skills, ability/capacity to respond

Evidence

Table 1 is a summary of the outcomes and perceived benefits of TIAs for the service or at a system level as reported upon in the international literature (REA findings) and the NI fieldwork undertaken (i.e. organisational/service survey, sector-specific focus groups, case study research).

Table 1. Outcomes and Perceived Benefits of TIAs to Service/System Level

Specific Outcomes (REA)	Perceived Benefits (NI)
Seclusion & restraint rates	Fewer restraints & separations, less convictions
Staff injury rates	Reduced staff sickness & vacancies
Recidivism	Opportunity to consider/address the impact of political conflict in NI
Cost savings	Potential for public sector cost savings
Number and/or consistency of referrals	Increased staff retention
Out-of-home placement stability/distruption	Reduced levels of state care & homelessness
School suspension rates	Improved service consistency & collaboration due to common language of ACEs
Number of behavioural incidents, critical & violent incidents	Reduced potential for re-traumatisation of all within the system

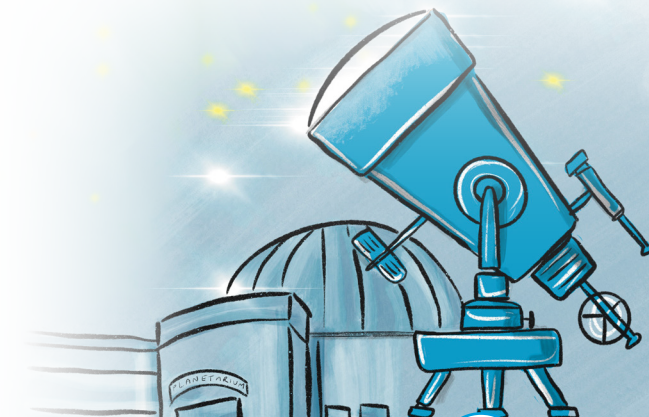
Evidence

Table 2 reports on the enablers, barriers and challenges associated with TIA implementation for the individual staff, contrasting the findings from the international literature (REA findings) and those from the fieldwork undertaken in NI.

Table 2. TIA Enablers, Barriers and Challenges for the Individual Staff [10]

Factors	Enablers	Barriers/Challenges
Staff engagement	Staff buy-in & openness to change ³ Staff involvement from outset ²	Staff resistance to change & poor staff engagement ³
Staff perceptions of TIA	High/growing level of awareness of perceived relevance of TIA among staff ³	Lack of perceived relevance of TIA among staff (or seen as latest 'fad') ³
Staff confidence/vision	Collective sense of purpose ²	Staff fears and misconceptions ³
Staff relationships & staff trauma	Positive and supportive relationships among staff - 'close-knit' teams ²	'Traumatised' workforce - staff with personal traumatic experience & vicarious trauma ²

1 REA only; 2 NI fieldwork; 3 Both REA and NI



Evidence

In this summary table QUB reported on the enablers associated with TIA implementation for organisations, contrasting the findings from the international literature (REA findings) and those from the fieldwork undertaken in NI.

Table 2. TIA Enablers for Organisations [10]

Factors	Enablers
Leadership buy-in	High levels of commitment & support from senior organisational leadership ³ /leadership drive ²
Implementation structures	Dedicated staff and implementation structures, e.g. champions, etc. ² Defined roles and responsibilities ²
Organisational culture of collaboration	Culture of intra & inter-agency collaboration ³ Cross-sector collaboration - a joined up approach ² Implementation of TIAs in other agencies serving same population ³
Staff support	Culture of ongoing staff support and open communication/supportive management ³
Staff training	Relevant, context-specific, ongoing staff training and development ³
Resourcing	Allocation of adequate financial/staffing resources ³
Policies and Procedures	Clear policies and procedures reviewed/adapted to TI principles ³ Alignment of TIAs with existing strategic plans/policies ³
Staff & service user involvement	Meaningful staff and service user involvement ³
Monitoring and evaluation	Established mechanisms to regularly collect, review & communicate data on context-specific outcomes ³
Time	Sustained involvement in the change process overtime ³
Size & complexity	Smaller size of organisation ² Willingness to start somewhere & cascade the learning ²

1 REA only; 2 NI fieldwork; 3 Both REA and NI

Evidence

In this summary table QUB reported on the barriers and challenges associated with TIA implementation for organisations, contrasting the findings from the international literature (REA findings) and those from the fieldwork undertaken in NI.

Table 2. TIA Barriers and Challenges for Organisations [10]

Factors	Barriers/Challenges
Leadership buy-in	Lack of leadership buy-in/commitment ³
Implementation structures	Absence of implementation plan, structures & dedicated staff ² Staff turnover & burn out ²
Organisational culture of collaboration	Lack of collaboration between teams ³ Fragmentation of service delivery/tendency to work in silos ²
Staff support	Unsupportive culture with high pressure environment & staff time constraints ³
Staff training	Insufficient or lack of adequate staff training/no training budget ³
Resourcing	Inadequate/insufficient financial resources allocate ³
Policies and Procedures	Policies & regulation incompatible with TIAs ³ Inadequate/absence of consistent & clear policies/procedures ³ Perception of TIAs as 'low priority' & 'not core business' ²
Staff & service user involvement	Lack of staff and service user engagement & involvement ³
Monitoring and evaluation	Lack of data collection & evaluation on relevant outcomes ³
Time	Lack of sustained involvement in change process ³
Size & complexity	Large size & complexity of organisation ² Bureaucracy & hierarchical structures/'red tape' ²

1 REA only; 2 NI fieldwork; 3 Both REA and NI

Evidence

Table 2. TIA Enablers for External/Wider Context [10]

Factors	Enablers
Conceptualisation	Development of a shared/common TI language & conceptualisation ³ TIA understood as whole-system culture change - relevant to all organisations ²
Evidence & Knowledge Exchange	Growing body of empirical research evidencing positive impact & cost savings of TIAs ³ TI development knowledge exchange opportunities & training framework ² Support from SBNI TIP project ²
Legislative, commissioning & regulatory environment	Legislative, commissioning and regulatory environment where TIA implementation is facilitated/encouraged/mandated ³ Trauma informed commissioning ²
Institutional Legacy	Policies developed to address institutional legacies ³
COVID Impact	Heightened focus on need to support staff wellbeing ² Extended use of digital technologies (to facilitate shared learning between teams in large national/regional organisations) ²
Political Context	Governmental and Departmental support for TIA implementation ²
Economic Context	Potential for cost savings ²

1 REA only; 2 NI fieldwork; 3 Both REA and NI

Evidence

Table 2. TIA Barriers and Challenges for External/Wider Context [10]

Factors	Barriers/Challenges
Conceptualisation	Lack of conceptual clarity & consensus about TIAs; difficulty in distinguishing TIAs from current best practice ³ TIAs perceived as not relevant for non-frontline organisations and adult services ²
Evidence & Knowledge Exchange	Lack of empirical research/data on the effectiveness and cost savings of TIAs ³ Fragmented and inconsistent development across different services ²
Legislative, commissioning & regulatory environment	Legislative, commissioning and regulatory environment hostile to TAI implementation ³
Institutional Legacy	Institutional policy legacies across all systems ta odds with TIA implementation ³
COVID Impact	Increased staff fatigue, turnover and service user need complexity ² Interruption of TI initiatives/loss of momentum ²
Political Context	Lack of a NI Assembly & Executive ^{2*} Public sector re-organisation ²
Economic Context	Limited resources in current economic climate ² Short-term funding limitations in voluntary & community sector ²




1 REA only; 2 NI fieldwork; 3 Both REA and NI



*there was no NI Assembly & Executive at the time the research was conducted

Evidence

Recommendations

The QUB TIA Implementation Research 2024 'We are on a Journey' [10] concluded with the following **5 recommendations**.

-  Trauma Informed Approaches (TIAs) are a useful framework to hold together and to drive forward a range of strategic priorities across child and adult services in health, social care, justice and education across statutory, community and voluntary sector provision.
-  A governmental mandate and **trauma-informed strategy for NI** is now needed to advance coherent and meaningful TIA implementation across sectors and settings. This should be accompanied by designated resources and trauma-informed commissioning requirements to create sustainable change.
-  There is a need for the development of a **regional inter-departmental research and outcomes strategy**, and independent evaluation to track TIA implementation progress and evidence outcomes. The development of such a research and outcomes strategy should be undertaken in consultation with organisations to ensure new and existing data collection tools and processes are consistent across NI, considered relevant to participating organisations, and capture the full range of perceived benefits of TIA implementation over time.

-  **A regional NI trauma informed resource hub or centre** would be of benefit to facilitate organisational leadership, networking, best practice resources and specialist interest groups and conferences. Such a hub would provide ongoing support for cross-sector, context-specific TIA implementation, and enable learning to be cascaded.
-  **A regional training framework** should be developed. This will ensure clear differentiation between trauma informed and trauma-focused service provision and enable organisations to progress workforce development and support strategies, aligned with TIA implementation and commensurate with their role and responsibilities.



Evidence

The Scottish evidence review of 2023 [26] identified nine key enablers of successful trauma-informed approaches similar to those found in the QUB TIA Implementation research [10]:

These include:

- workforce development
- organisational readiness/pre-intervention strategies
- trauma-informed leadership
- training and education for parents, carers and people with experience of trauma
- use of trauma screening or routine enquiry (where appropriate)
- adoption of strengths-based approaches
- a flexible approach
- promoting involvement, positive relationships and effective communication with stakeholders
- extended implementation periods

It also showed that the challenges or obstacles to embedding trauma-informed approaches can arise as a result of the following:

- lack of clarity for staff on what a trauma-informed approach involves
- lack of clarity for staff around what constitutes effective training
- difficulties related to implementing trauma screening or routine enquiry (where appropriate)
- the length of time required for implementation including unforeseen delays. [26]

Benefits for the workforce/ organisation

Positive impact on staff well being & satisfaction

Improved communication & collaboration between systems & services

Increased confidence, knowledge and skills in relation to responding to psychological trauma

Improvements in staff well being, confidence, morale and resilience

Cost-effective - due to negative economic consequences of the cycle of traumatisation and retraumatisation

Benefits for people with lived experience of psychological trauma

Improved engagement with services

Improved well being of survivors

Reduced emotional difficulties for children and young people

Positive impact on families and caregivers

Increase knowledge and skills of people with experience of trauma

Improved access to specialist treatment or services where required

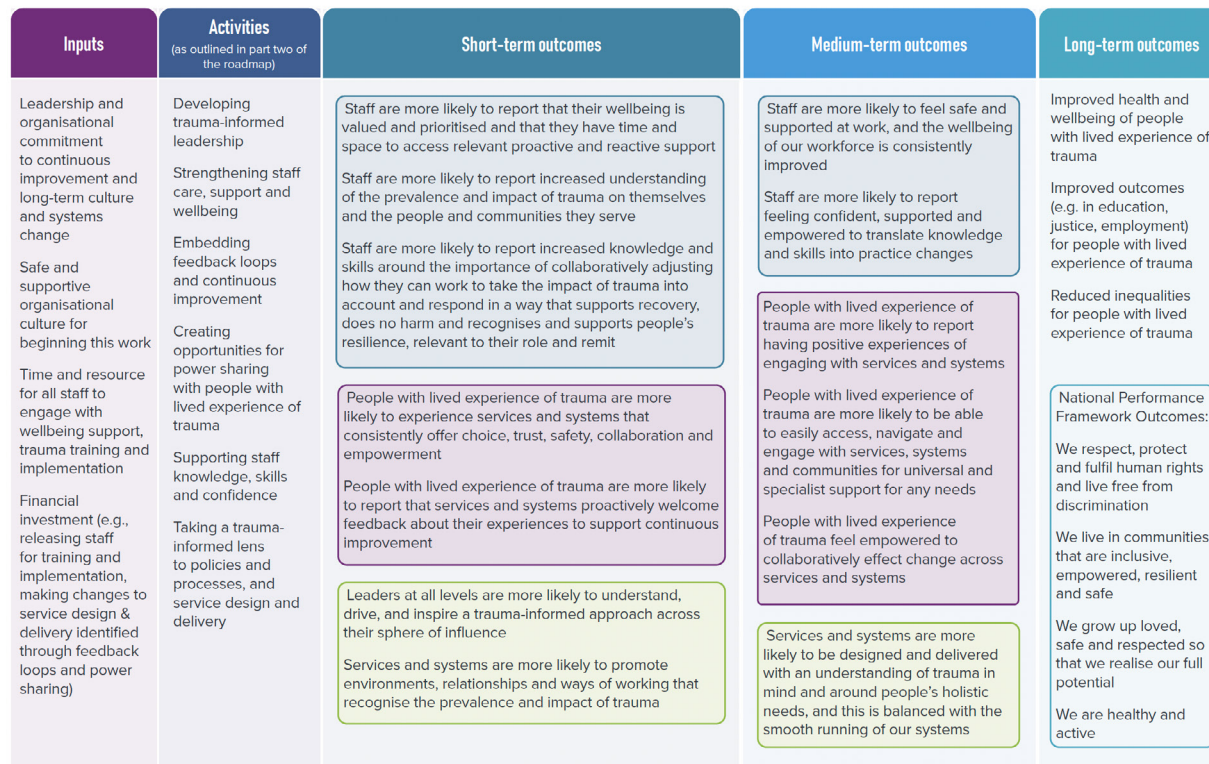
Increase completion rates of treatment

Reduction in the experience of seclusion and physical restraint

Adapted from [26]

Evidence

Logic Model



It is also important we acknowledge the rich local evidence base related to trauma informed approaches. [45] Additional NI references are in the key concepts section. A growing body of research also illustrates the protective factors of positive relational experiences. Examples include:

In 2020 McFadden published NI research relating to social workers' resilience or burnout and the reasons for leaving or staying in their post. It highlighted that those who remained in their social work post revealed the critical importance of relationships at work with recommendations calling for employer-level interventions to promote relationship-focused interventions to enhance social worker resilience. [27]

MacLochlainn evaluated a whole school TI approach. This research highlighted how students' ability to reach their potential in school-both behaviourally and academically - is linked to their educator's knowledge of child and adolescent development, childhood adversity and trauma, and how these impact learning and behaviour. Findings demonstrated that school personnel who were provided with training reported significant improvements in attitudes related to trauma-informed care, and a significant decrease in burnout at 6-month follow-up. This demonstrated that with minimum training on the dynamics of trauma, personnel attached to a school can become more trauma-informed and have more favourable attitudes towards trauma-impacted students and consequently be less likely to experience burnout. [28]

Evidence

Redican's study highlighted how, while benevolent childhood experiences are common, the identification of factors associated with likelihood of having positive experiences during early development provides novel insights into those young people who may be at greater risk for maladaptive psychological outcomes. [29]

Further NI research on the influence of adverse and positive childhood experiences on young people's mental health and experiences of self harm and suicidal ideation, extrapolated further data from the Youth Wellbeing Prevalence Study. The findings suggest that positive childhood experiences act largely independently of adverse childhood experiences and that initiatives to increase positive childhood experiences can assist in the prevention of mental health problems. [30]

Walsh highlights how connectedness in educational settings is a protective factor which reduces the risk of involvement in child criminal exploitation. [7]

In summary, there is an increasing body of evidence that links trauma informed approaches directly to improving quality of care for both staff and those who we support across all sectors.

Trauma informed approaches are rooted in the ethos of continuous improvement. Central to this is **organisational listening** to both staff and those we support. Promoting a positive organisational culture through enhancing **relationships** is central to improving outcomes across all settings.



Examples



In this section, we have included a sample of sector specific examples from across NI. We intend to add new examples to the toolkit on a periodic basis.

- Education
- Health and Social Care
- Justice
- Community & Voluntary
- Cross sector collaboration

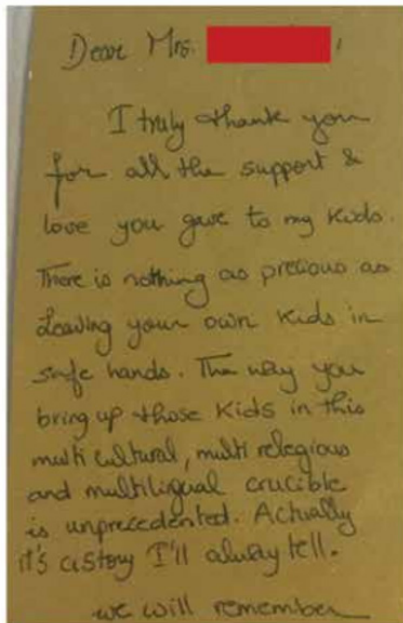
Further examples of trauma informed approaches (TIA) are infused throughout the phase two supplementary material available on each focus area.

For example, leadership in action examples are in the leadership focus area and examples of workforce wellbeing initiatives are in the corresponding focus area.

Examples

Education

This is a detailed case study from the QUB TIA Implementation report [10] within the education sector. Fane Street Primary School staff provide detail on their implementation journey to date highlighting benefits, barriers and enablers.



Dear Mrs [redacted]

I truly thank you for all the support & love you gave to my kids. There is nothing as precious as leaving your own kids in safe hands. The way you bring up these kids in this multicultural, multi-religious and multilingual crucible is unprecedented. Actually, it's a story I'll always tell.

We will remember

Fane Street Primary School - [Implementing Trauma Informed Approaches in Northern Ireland Case Study: Fane Street Primary School \(safeguardingni.org\)](#)

Examples

Education

Controlled Schools Support Council Ethos & Leadership Programme

One of the Controlled Schools Support Council's (CSSC) key function areas is support for ethos development. Its Ethos and Leadership programme recognises the role of leaders in enabling a positive school ethos and, in alignment with the Department of Education's vision for teacher professional learning, acknowledges the role of school leaders, teaching and non-teaching staff in leading ethos, learning and school improvement.

Governance, Leadership & Financing

"... the Head of Education Support completed the SBNI TIP Be the Change Leadership programme in 2019 and disseminated this learning to the Education Team. (...) The three-year-programme of work in which TIP delivery features requires DE approval and is aligned with the Draft DE Corporate Plan. (...) Personnel resources such as officer time, travel expenses, which support in-school delivery of all training are made available to progress TIP initiatives and support the relationships with schools on a face-to-face basis whether this is in the context of delivering Level 2, other TIP informed modules or leadership coaching in schools."

Progress Monitoring, Service Improvement and Evaluation

"Our active presence on the TIP Steering Group allows for targeted priorities and practice change goals to be identified (...) Within the organisation, our understanding of governors' vital roles in supporting a positive school ethos has led to specific TIP content to raise their awareness of how trauma sensitive approaches to practice can enhance a school's ethos. Our goals and measures are specifically about the service we provide to schools. All training, as well as coaching support, is evaluated by participants and our impact is measured on a quarterly basis according to an Outcomes Based Accountability process. Governor evaluations of the TIP provision during delivery of the 2022/2023 Ethos and Leadership programme identified a willingness to engage with more learning on TIP and this has informed additional content for the 2023/24 Ethos and Leadership programme."

Collaboration

"One of CSSC's key strategic objectives is the intention to engage and collaborate with partners to ensure equitable support for the controlled sector. (...) Where support required is outside our remit, we signpost to the appropriate organisation/agency. We are also committed to building new and strengthening existing partnerships to support the development of controlled schools and the controlled sector. We have a Memorandum of Understanding in place with Stranmillis University College, which allows for collaboration on specific research projects such as the research into Play in Practice during the pandemic (led by Playboard NI), and a workshop on co-participatory approaches to anti-bullying and emotional health and wellbeing interventions in schools is in the planning stages for late September 2023. Other collaborations with external stakeholders take place on a less formal basis with the organisation committed to working with any external stakeholder to promote any programmes with the potential to impact positively on the controlled sector. Our presence on the EA TIP Steering Group and willingness to work with SBNI is an example of our willingness to collaborate, share our learning and benefit from the learning of others for the benefit of controlled schools."

Workforce Development and Support

"All team members received the L1 and L2 training from SBNI and three officers subsequently completed the Train the Trainers programme and are now equipped to deliver the training to controlled schools."

Read further detail on pages 60-62 of the QUB TIA Implementation Report 2024 [10]

Examples

Health

The QUB TIA implementation report 2024 [10] used the BHSCT Inclusion Health Project as an example of a TIA in action within the health setting. The full case study detailing their implementation journey can be accessed here: [Implementing Trauma Informed Approaches in Northern Ireland Case Study: Belfast Inclusion Health Service \(safeguardingni.org\)](#) [10]

The view from the Street...



The [NIFITC](#) [31] is an example of a framework based upon trauma and attachment-informed principles and is rights-based. It guides services for care experienced children and young people and their families/caregivers.

Examples

Health

Southern Health and Social Care Trust TIP Working Group

Aim: “The trauma informed practice (TIP) leadership working group has been established within CYPS [Children and Young People’s Services] to provide leadership and oversight of the promotion and development of a trauma informed Directorate. The working group will seek to promote trauma informed practice, share the learning from TIP projects and create opportunities to support staff to build trauma informed practice into all aspects of service delivery. The TIP Leadership Working Group will:

- Provide a forum for staff to share knowledge and experience of TIP with the aim of enhancing knowledge and developing the culture.
- Provide a forum for sharing learning from TIP projects/initiatives both within the Trust and beyond.
- Agree an action plan in relation to progress the development of a Trauma Informed Directorate.
- Seek opportunities to engage the wider Trust in the development of a Trauma Informed organisation.”

Short-term priorities: “Attention to the physical environment; Time and Space for reflective practice; trauma informed supervision included in implementation of new Social Work supervision policy; Implementation of the Framework for Integrated Therapeutic Care (FITC) training strategy across residential and LAC [Looked After Children] service areas; Leadership group to meet regularly and identify existing good practice and areas for development.”

Long term priorities: “The aim of enhancing knowledge and developing the Leadership culture. Provide a forum for sharing learning from TIP projects/initiatives both within the Trust and beyond. Development of a Trauma Informed Directorate. Seek opportunities to engage the wider Trust in the development of a trauma informed organisation. Plan Trust wide events to share the message and celebrate best practice.”

Examples

Justice

The Youth Justice Agency was chosen as an example of a trauma informed organisation in action. A detailed report on their ongoing implementation journey can be found below.



“

It's a bit like a garden, and **trauma informed practice is the soil**, and everything else is planted in on top of it.

So, as long as it's well watered... As long as it's well watered and maintained, you know what I mean. ”



Senior Management Focus Group, YJA

Youth Justice Agency - [Implementing Trauma Informed Approaches in Northern Ireland Case Study: Youth Justice Agency \(safeguardingni.org\)](#) [10]

Examples

Social Care

Children's Court Guardian Agency

Aim: To increase the engagement with and participation by children and young people in the Children's Court Guardian Agency.

Steps taken: Increasing engagement with children and young people in the Agency has taken place both through the **development of a Youth Forum** and the provision of a platform for children and young people to have their voice heard and to influence the practice, as well as through promoting and integrating into practice a focus on children and young people's lived experience and the impact this has on their welfare.

Developments achieved:

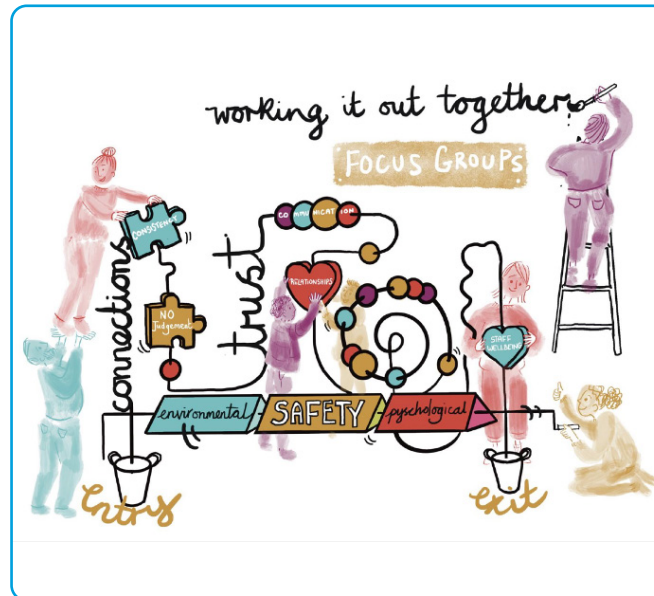
- This has included providing **Top Tips for Judges** on meeting with children and the importance of sibling contact to promote their sibling relationships, as well as telling us what matters to them when they meet a Guardian.
- We have incorporated into the **guidance for our court reports**, children and young people's experience of trauma to ensure this will be embedded in the **Guardian assessment**. This includes guidance from children and young people in the Forum who wanted us to reflect what they said verbatim, "do not dilute my words".
- This guidance is also integrated into the **Recording Policy**. Additionally, as a direct result of a young adult who had a Guardian in the past accessing her file - we have highlighted in the policy that the child who is the subject now, will be the adult reader in future, and the impact of the content on the adult reader should be to the fore when records are compiled. Recent learning and improvement sessions to implement recording systems and Recording Policies have reinforced the voices of children and young people.
- Children and young people have been involved in the **re-design of our feedback form** and have previously been involved in the **development of tools and resources for Guardians** to engage with children and young people including the content and images.
- The Youth Forum influenced and contributed to **the Agency's conferences**, by making contributions, using the platform to have their voices heard and influence the audience.

To read more please see page 45 QUB TIA Implementation report [10]

Examples

Community and Voluntary

Read the detailed case example of the Salvation Army's trauma informed journey [here](#) [10]. You can also view images of the Salvation Army changes to their physical environments [here](#).



Salvation Army - [Implementing Trauma Informed Approaches in Northern Ireland Case Study: Salvation Army \(safeguardingni.org\)](#)

Examples

Cross sector

Step up Step Down (The Fostering Network UK)

Both the Step Up Step Down (SUSD) and Attachment, Bonding and Communication Parent Infant Partnership ABC (PIP) provide effective examples of collaboration and partnership between the statutory and voluntary sectors.

Project Aim:

- To support children to remain safely at home with their birth families, rather than coming into care.
- To work collaboratively, with a statutory and voluntary partnership, and foster carers wrapping around whole families to see effective outcomes for families.
- To provide trauma-informed, nurturing, solution-focused and dignifying support to families, led by them.
- To connect children, young people and their families with wider community supports that feel supportive for them.
- Build an understanding of attachment frameworks and the impact of trauma, in order to provide opportunities for post-traumatic growth and nurturing relationships to flourish.

Trauma Informed Initiative: In addition to the above, has sought to grow awareness of trauma and adversity for all involved in the project - birth families, foster carers, voluntary sector partners, statutory sector partners, informal partners and wider communities. Moreover, we have grown trauma-responsiveness within the project, and have altered policies, processes, paperwork, meeting formats, language and so on accordingly. We are always seeking to be more trauma-informed, nurturing and responsive, and believe that this is not a static place at which to arrive, but rather is a process that continues to move and grow. The learning from this project is being disseminated across the whole of The Fostering Network, and the organisation is on a journey to develop a full, trauma-informed framework within our context.

Steps taken: We are a multidisciplinary team operating a trauma responsive service. Staff are from a variety of initial training backgrounds including social work, youth work, play therapy, integrative counselling, human givens training and art therapy. Alongside this, staff are trained in Solihull, trauma informed and responsive practice and supported via monthly line management, monthly external clinical supervision and monthly team meetings as well as being offered CPopportunities such as Trauma Recovery techniques, Certificates in complex trauma, Kidsnet training and rapid rewind.

Engagement & Involvement: The families we work with are within the fabric of all that we do. They inform and shape the service, regularly providing feedback and sharing their experiences (with psychological safety strongly considered). They have met with senior leadership on many occasions, and have been involved in sharing TIP learning and implementation more broadly, e.g. presenting at conferences, engaging with universities and research, sharing with other families and organisations, and indeed volunteering and working on specific projects.

To read more please see page 52 of QUB TIA Implementation Report [10].

Examples

Cross sector

ABC PIP

Barnardo's, South Eastern HSC Trust and Tiny Life share their learning journey on specialist parent-infant services in Northern Ireland in their 'Four Years Learning Report: It's All About Relationships'.

This service supports parents and professionals to understand and improve infant mental health and babies' social and emotional development in the first 1001 days of life.

Learning report available [here](#)



Organisational Checklist



Welcome to the Safeguarding Board for Northern Ireland (SBNI) Organisational Checklist. This is a document to support organisations to reflect on their current practice, identifying successes while underlining opportunities for development in relation to embedding a trauma informed approach.

Before you complete the checklist, we emphasise the need to have completed some level of training in adversity and trauma (e.g. [Level 1 ACE awareness training/ Level 2 Developing trauma sensitive practice](#)) or equivalent. We also recommend you have read the first four sections in this toolkit to provide context and understanding to the checklist questions.

This checklist is based on the Northern Ireland context, acknowledging the journey to influence change in the ten focus areas: leadership, learning and development, workforce wellbeing, lived experience and involvement, policy and practice, environment, working together, continuous improvement, resourcing, evaluation and sustainability*.

* adapted from SAMHSA 2014 original 10 domains [1]

Organisational Checklist

This checklist has been informed by a range of studies, audits and toolkits as referenced throughout this resource. [references 38-43].

In each section you are asked to rate your organisation's progress by identifying your most frequently occurring score from that focus area using the following scale (Please score 1- 5):

- 1 **Little or no indication of trauma informed actions** in practice or in policy in this focus area – action is required to establish a suitable starting point.
- 2 **Some elements of a trauma informed approach** being applied in this focus area though only in isolated projects – action is required to consider how to cascade a trauma informed approach more widely.
- 3 **Evidence of trauma informed implementation** with change being applied in multiple areas – actions planned for further implementation.
- 4 **Trauma informed approaches broadly deployed** across this focus area – multiple actions ongoing and under review.
- 5 **Trauma informed approaches fully embedded** across this focus area – actions are continually evaluated.

This checklist is designed to reflect the beginning of a trauma informed journey, with the understanding that there may be a wide range of starting points for organisations. It can be adapted to your organisational requirements. There are a mix of strategic and operational questions for your whole organisation.

The following are helpful tips to take you on the next steps in this journey:

- ensure you have read and understand the previous sections in this document
- as the ten focus areas are a picture of the whole organisation, consider who is best placed to complete each section of the checklist:
 - people with knowledge and training on trauma informed approaches
 - people with different roles & responsibilities in your organisation i.e. leaders, finance, policy, workforce
 - people with lived experience.
- remember this is a journey, the checklist is designed to generate discussion and reflection, and to support ongoing improvement and review of progress to date.

Next steps

Step 1: Complete organisational checklist, download an editable version [here](#)

Step 2: Analyse results and select priority focus area/s

Step 3: Attend relevant focus area workshops/consult TIP team/SBNI website

Step 4: Start developing your organisational action plan

Step 5: Build support networks to continue the implementation journey

Each focus area has a dedicated information booklet incorporating relevant research and further examples.

Leadership

Why does leadership matter?

Leadership buy in has been identified as critical for successful implementation and long-term sustainability of a trauma informed approach in a range of international studies.

The findings from the QUB TIA Implementation report 2024 highlighted how **leadership buy-in** is required to make meaningful organisational changes across sectors. This was achieved through offering initial training to directors and senior managers, establishing implementation teams and local champions (who mobilised resources), developing implementation plans and examining organisation readiness.

When organisations have **leadership buy-in, support and commitment** to a trauma informed approach (TIA) with high levels of involvement, and accountability from senior organisational leadership (e.g. Directors, Assistant Directors, Chief Executives, Trustees, and Board of Directors/ Governors) this was considered instrumental to driving TIA implementation and organisational change.

In contrast, the research also highlighted that a lack of senior leadership buy-in or commitment was seen as a central barrier to implementation, which could lead to staff 'burnout' and 'cynicism' when not present. While a good deal of momentum was thought to have been generated by individual TIA champions, there were noted limitations when knowledge is located in individuals who may move on.

Key **implementation structures** (e.g. TIA strategic steering and implementation/working groups) were also perceived as essential to action effective implementation. These enablers were found to be especially vital in large, multi-faceted organisations, such as Health and Social Care Trusts or large voluntary sector providers, to bring coherence across departments and progress change as a whole organisation. Effective leaders across the system were variously described as 'passionate', 'committed', 'empathic', 'active' or 'visionaries'. **[10]**



Leadership

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
-------------------------------------	---	--	---------------------------	-------------------------

To what extent has your organisation:	Score (1-5)
Senior leaders who are aware of a trauma informed approach	
Leaders who recognise the value of engaging colleagues in discussing a TI approach	
Considered the current capacity to progress knowledge exchange about a trauma informed approach	
Cascaded trauma informed knowledge and learning throughout structures	
Leadership buy-in regarding a trauma informed approach	
Established a trauma informed implementation group (or groups) reflective of the organisational structures	
Created an implementation plan with specific goals/targets to implement a trauma informed approach	
Shared an explicit/written commitment to become a trauma informed organisation/service	
Supported senior leadership with training to enhance their knowledge and understanding of what it means to be a trauma informed organisation	
Supported senior leadership to understand how a trauma informed culture can support existing and future priorities and practices	
Ensured senior leadership understands how a trauma informed approach enhances policy, practice and outcomes for those who use services, their workforces and communities:	
Identified and connected trauma informed champions across the organisation	

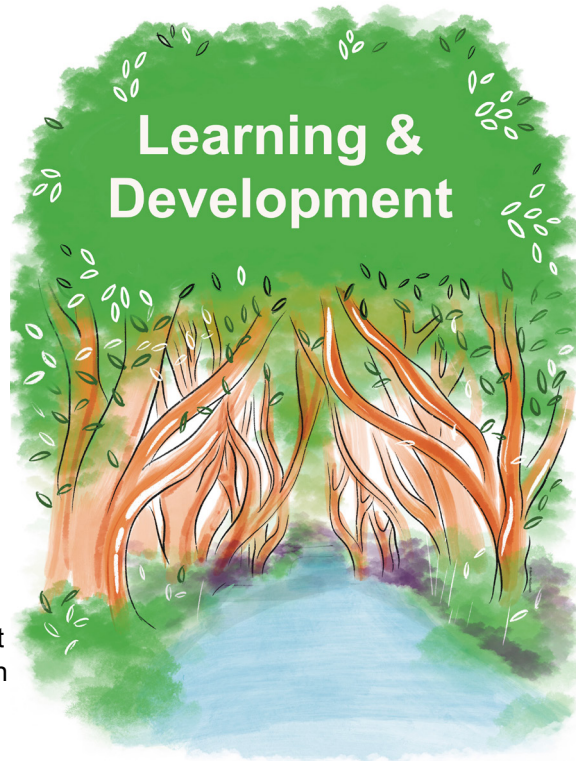
Leadership score:

Learning & Development

Why does learning and development matter?

Adequate **workforce training** is generally regarded as the foundation for the effective delivery of trauma informed services or the first step for an organisation to become trauma informed. Introductory trauma informed approach (TIA) training to all staff is recommended to precede full implementation. However, it is also recognised that workforce training alone, especially when it is of a short and one-off nature, is insufficient to embed lasting practice change and thus has limited impact on its own.

In the QUB TIA Implementation Report (2024) [10] it was noted that staff resistance to change was often linked to a poor understanding of trauma, and perceptions of trauma informed care as costly, not relevant or ineffective. It was found that such factors could be addressed by adequate training.



The staff outcomes measured across settings included:

- training satisfaction
- staff's trauma informed knowledge
- staff's understanding of service user behaviours
- self-reported trauma informed responses and practices.

Common elements of workforce development identified as having a positive impact included:

- ongoing staff training (including booster sessions) and development (as well as follow up support), as opposed to single, one off sessions
- delivering training to a variety of staff at all levels of the organisation
- including colleagues with lived experience in the training, delivered in partnership with the organisational leadership
- ensuring space and time for staff to debrief and discuss challenges on a regular and ongoing basis
- ensuring a flexible format tailored according to needs
- embedding an organisational training framework, inclusive of trauma informed training
- on site delivery.

Enabling (staff) to be active participants in their training along with encouraging staff to express the challenges and systemic barriers they experienced, showed benefits as part of the intervention design.

The evidence also highlighted that it was considered important that TIA training be embedded in all professional programmes in Northern Ireland [10].

Learning & Development

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
A culture that is committed to staff training and development	
Trained staff to use a TIA to recruitment (i.e. job description, selection process, valued based interviewing)	
Established a trauma informed training pathway aligned to role and responsibility, from induction through to specialist training (incl. leadership)	
Gathered data regarding trauma informed training	
Provided training for staff to on how to recognise and respond to a traumatic issue e.g. disclosure of suicidal intent or sexual abuse, (including awareness of reporting pathways/support services)	
Provided opportunities to reflect on any training and how to implement the learning	
Provided a training pathway that prioritises those most in need of trauma training (this is particularly relevant at the initial stages of trauma informed implementation in an organisation)	
A process for the organisation and/or staff to identify their own trauma informed training needs	
Established an evaluation strategy which supports regular responsive reviews of training	

Learning & Development Score:

Workforce Wellbeing

Why workforce wellbeing matters

The critical importance of **ongoing workforce development and support** was acknowledged in the QUB TIA Implementation Report (2024) [10], with increasing recognition that secondary or vicarious trauma among frontline staff needs to be properly addressed. While ‘self-care’ is noted as an important element of a trauma informed approach (TIA) implementation, in some literature, it has also been argued that “the full onus on individual staff members to support their well-being in light of the known effects of secondary trauma is not sufficient”.

An unsupportive **organisational culture that does not adopt a trauma informed approach** within a high-pressure environment, coupled with competing priorities and staff time constraints, were found to act as barriers to change. In contrast, what enabled change was a culture of staff support, open communication and evidence based practice which included provision of ongoing mentoring and modelling, and expert or ongoing staff support.

Staff buy-in was thought to be achieved by a combination of **universal, tailored and advanced workforce training and development opportunities** for staff. Joint training with staff from different parts of an organisation was thought to be particularly helpful, so that staff could learn with, and from, each other. In addition to training, other **regular support and reflection activities** (e.g., supervision, reflective practice, team meetings, communication and celebration activities) were considered critical to keeping the learning from initial trainings alive in people’s everyday practice and relevant to their different roles and responsibilities.

Such activities reinforced a supportive staff culture or whole-team approach, rather than staff members being left to ‘sink or struggle’ alone. Together such targeted routine activities were thought to lead to improvements in staff knowledge, skills and confidence, and working relationships. In these ways, a TIA ethos was thought to ‘seep into’ the workforce culture and created a collective vision. [10]



Workforce Wellbeing

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
Recognised and responded to workplace stress	
Sought to provide a warm welcome for new staff with appropriate induction arrangements	
Provided clear guidance on staff roles and responsibilities relevant to service area	
Demonstrated the capability to address the emotional impact that can arise from work experiences	
Supported work life balance/flexible working requests/reasonable adjustments where possible	
Provided professional and personal learning opportunities relevant to job role	
Ensured that staff feel valued, heard and their wellbeing is prioritised	
Infused workforce wellbeing into existing policies and practices and is proactive in reducing work related stress	
Provided opportunities for staff to debrief and reflect on practice	
Embedded a shift away from a blame culture toward a culture of continuous learning	
Demonstrated compassionate leadership regarding stress levels, secondary/vicarious trauma	
Sought to establish a culture of collaboration and involvement with staff across all levels, e.g. sought feedback on service/team cohesion and morale	
Ensured a safe space to share ideas, problems and questions (promoted psychological safety)	

Workforce Wellbeing Score:

Lived Experience & Involvement

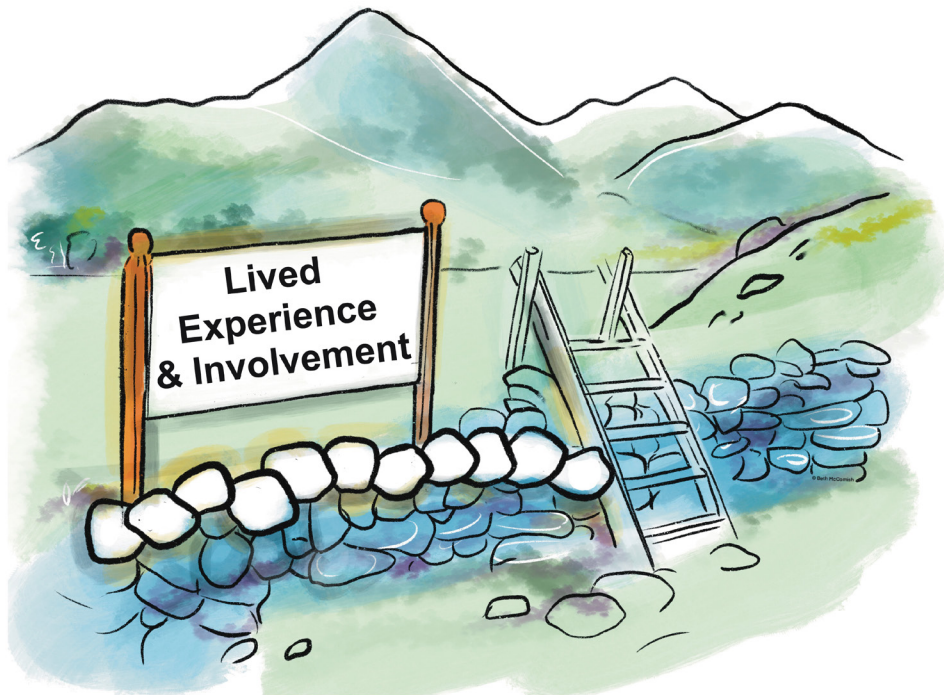
Why lived experience and involvement matters

In the QUB TIA Implementation report 2024 [10] report, the inclusion of service users in diverse aspects of the trauma informed implementation process was viewed as an important organisational enabler. **Service user involvement** included a range of strategies, such as seeking regular service user feedback (the most common strategy mentioned), involving service users in the delivery of training programmes, having service users in leadership positions and/or implementation teams, and involving them in the design of initiatives or interventions. It was noted that in order to engage service users, adequate resources and flexibility had to be embedded into the service/initiative, e.g. paying for their time or giving service users choice and control over schedules.

Thirty-four evidence base reviews also identified **service user and caregiver involvement** or the involvement of wider stakeholders through co-production (in the planning, design and delivery of services) as a key implementation activity in various sectors, including health, child welfare and education.

Reviews also highlighted the importance of enhancing **relationships** as central to improving service user outcomes across settings.

The meaningful **involvement of staff** was another key enabling factor, considered by many to be at the heart of TIA implementation. A bottom-up as well as top-down approach was advised so that staff felt that it was not something being imposed upon them, but rather something that they were involved in creating. Leaders were thus encouraged to listen to staff and model a trauma informed culture.



Lived Experience & Involvement

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
Ensured service user/patient/pupil/caregiver etc feedback is routinely sought and considered	
Placed individuals with lived experience at the centre of decision making	
Ensured all feedback is regularly used to enhance service provision	
Sought to recognise that something has happened to the person rather than it being about what is 'wrong' with the person	
Ensured issues of diversity, equity and inclusion are fully considered in organisational structures	
Made efforts to reduce service user and agency power differentials to maximise engagement	
Ensured staff/volunteers are aware of their responsibilities in terms of service user involvement	
Policies or procedures for enhancing service user and caregiver involvement in their own support/care/intervention plans	
Policies or procedures for enhancing service user and caregiver involvement in wider service design and development (e.g. service user advocacy)	
Ensured staff feedback is regularly sought and used to enhance service provision	
Involved those with lived experience in trauma informed training, either directly or via integrating their perspectives in training materials	
Provided opportunities for those with lived experience, their families/caregivers with shared experiences to find and establish peer support.	

Lived Experience & Involvement Score:

Policy & Practice



Why does policy and practice matter?

Reviewing and amending organisational policies and procedures according to recommended guidelines was found to result in successful trauma informed approach (TIA) implementation. Refinements such as service user involvement and training for staff who review policies was found to be most effective as they considered the impact on both staff and those receiving services through a TI lens. [10]

Changes in policies and procedures also featured as key organisational enablers noted within a range of reviews. In contrast, a lack of consistent and clear policies and procedures, that were too rigid or not compatible with TIA were found to be significant barriers to TIA implementation. In addition, it was argued that any fragmentation between interventions and procedures could elicit staff perceptions of having to constantly adopt new innovations, detrimentally impacting staff buy-in. On the other hand, clear policies and procedures at all levels, and the alignment and integration of TIA with existing strategic plans, programmes, interventions, policies and improvement plans were found to be important for implementation. Such policies in a range of child welfare, healthcare and justice settings, included promoting flexibility in care protocols and offering service users more choice and control over their care plans.

Integrating trauma informed principles into staff grievance and disciplinary processes was recognised by some senior respondents in the QUB TIA implementation report 2024 as an area in need of further development. [10]

Policy & Practice

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
An awareness of the benefits of applying a trauma informed approach to policy development and review	
Considered the current readiness to embed trauma informed knowledge into policy and practice	
Trained those involved in developing and reviewing organisational policies and practices to apply a trauma focused lens	
Relevant policies in place regarding: <ul style="list-style-type: none"> • workforce/service user involvement and feedback • confidentiality/record keeping • workplace safety/ staff grievance/disciplinary processes/conflict resolution • workforce support e.g. supervision/reflective practice/wellbeing/traumatic debriefing/work life balance • diversity, equity and inclusion for workforces and service users 	
Adequate processes available to address policy and practice development and review	
Integrated trauma informed principles into existing policies	
Ensured that all those who engage with the organisation are aware of relevant procedures and protocols	
Ensured changes to policy are made in a way that considers the impact upon staff and those who use services	
Established feedback mechanisms from people at an individual and organisational level when policy and practice changes are proposed	

Policy and Practice Score:

Environment



Why environment matters

Some of the case study organisations in the QUB TIA Implementation report 2024 [10] identified how relatively small changes to the physical environment had been a good starting point on their implementation journey, making visible, for both service users and staff, the transition toward trauma informed service delivery. Even small physical changes were reported to make a huge difference to staff and service user consultation and involvement noted as an important part of the process.

Consistent with findings in the international literature, the **physical environment** was one element of trauma informed approach implementation that some sector specific focus group participants felt had been largely overlooked to date, but which had the potential to enhance engagement. The case studies in the research focused on the inclusion of softer seating and refreshments, with careful consideration and consultation with the people who were accessing the areas. They proved that with some money and the right intention, a place and space can make a massive difference to those accessing services, and offering a warm welcome can improve engagement. Additional work focused on signage, ensuring it was uncluttered, and accessible, using images rather than words. Other examples demonstrated access to the natural world (e.g. garden areas), use of natural lighting, that supports self-regulation. [10]

Environment

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
Awareness of the impact that physical environments can have on individuals	
Awareness of the impact that the organisational climate and culture can have on staff and service users	
Provided training or resources to relevant staff on what a trauma informed environment looks like from a multi-sensory perspective (e.g. natural decor, comfortable furnishings, temperature)	
Conducted a walkthrough of the physical environment using a trauma informed lens (e.g. reception, appropriate signage, kitchen/bathroom facilities)	
Ensured a warm welcome for staff and patients/pupils/service users when entering the service building	
A procedure in place for a review of the environment and to respond when physical, emotional and/or sensory concerns have been identified	
Adequate parking for vehicles/bikes/scooters including access and provision for those with disabilities considered, proximity to public transport	
Reviewed signage considering: literacy, neurodiversity, a disability or first language other than English	
Provided a safe and confidential space for individuals to access when they experience high levels of stress	
A safe working environment with areas that will allow staff and those attending the service to conduct their business in a comfortable and non-intrusive way (e.g. soundproofing, good lighting, water/hot drinks, nappy changing, breastfeeding area, etc)	
Provided the resources to implement any required change to the physical environment	

Environment Score:

Working Together



Why working together matters

A ‘**culture of collaboration**’ was found to be an important enabling factor for trauma informed approach (TIA) implementation in the QUB TIA Implementation Report 2024 [10] especially when administrative support to coordinate and monitor the collaboration was properly funded. On the other hand, a lack of collaboration between teams was seen as an organisational barrier to effective implementation. Intra and inter-agency **collaboration** was also deemed a fundamental element of organisational development which is integral to successful TIA implementation in different sectors.

Inter-agency cooperation was noted as an important external enabler or barrier respectively. Authors noted that TIA implementation in one service acted as a precedent, generating some pressure for other organisations to do likewise. This review found that TIA implementation in agencies delivering care to the same service users was found to be crucial for implementation success in their own organisation. When this was not the case, TIA implementation could be “**undermined by other agencies delivering care that reduced client trust and sense of safety with healthcare providers.**” [10]

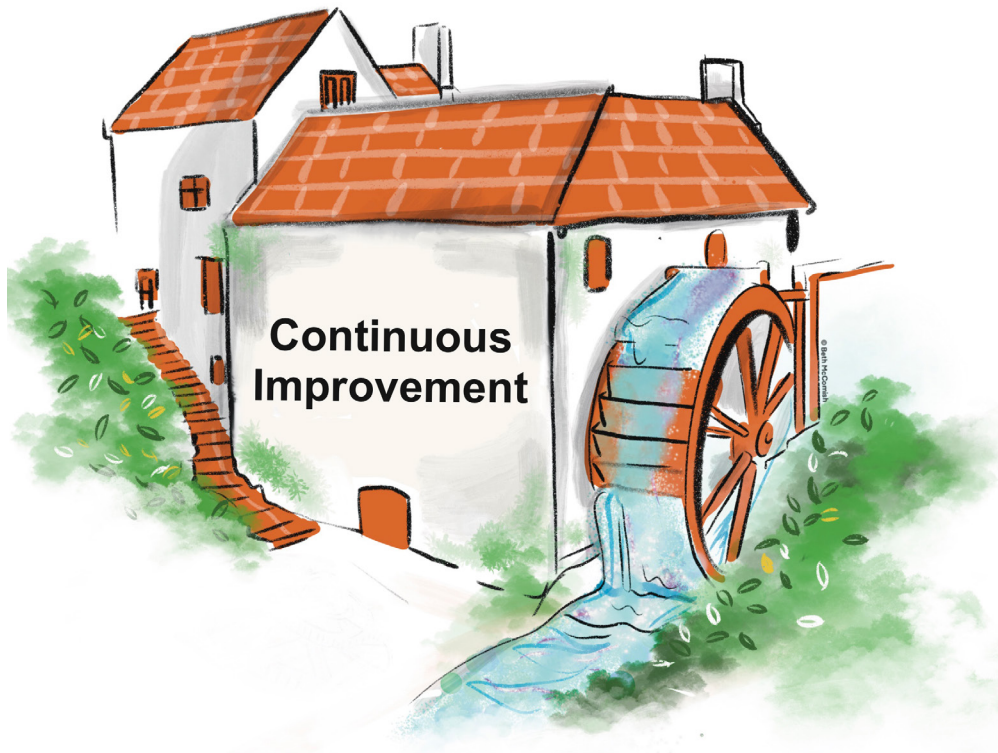
Working Together

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
-------------------------------------	---	--	---------------------------	-------------------------

To what extent has your organisation:	Score (1-5)
Promoted collaboration and service coordination within the agency (e.g. regular team meetings, agency communication, promotion of shared learning etc)	
Developed cross-sector partnerships with relevant statutory, community and voluntary sector organisations with meaningful participation opportunities for all relevant partners	
Ensured timely and ongoing engagement with all key stakeholders	
Clear internal referral pathways, information sharing protocols, review mechanisms	
Provided service users/caregivers with support to access other services when appropriate (e.g. warm handover, cross referral pathway)	
Promoted external collaboration and service coordination (e.g. cross sector, cross disciplinary communication)	
Established clear external referral pathways and joint information sharing agreements	
A collaborative multi-agency/partnership planning process that provides meaningful, open and transparent engagements for all participants	
Adopted a trauma informed whole system approach (e.g. cross sector)	
Used its influence to engender a trauma informed shared agenda/vision/action across sectors	

Working Together Score:

Continuous Improvement



Why continuous improvement matters

The QUB TIA Implementation Report 2024 [10] research makes clear that the development of a shared language and shared understanding of a trauma informed approach (TIA) facilitates its implementation. One case study organisation described the continuous improvement aspect as ‘the journey to becoming a trauma informed organisation’. Organisations may see changes in staff, management structures, and organisational priorities. This requires the need to revisit training, review implementation structures and build in monitoring mechanisms, creating an environment of continuous improvement on the trauma informed journey.

Bargeman also emphasised the importance of **empirical evidence** about the efficacy of TIAs, as either an enabler or a barrier to implementation respectively, dependent upon its existence or lack thereof. The research argues that the lack of empirical research on TIA effectiveness is currently hindering its operationalisation. It was noted that a growing body of research is starting to offer relevant insight and evidencing positive impact, acting as a primary enabler of TIA implementation.

Participants spoke of the need to help organisations connect TIAs with existing priorities such as staff wellbeing and improved retention, and other aligned initiatives.

Context-specific TIA implementation, knowledge exchange and networking initiatives were deemed essential to advance cross sector TIA standardisation in order to promote collaboration, share transferable best practice and implementation learning, and thus bridge the theory-practice implementation gap.

Continuous Improvement

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
Infused trauma informed approaches into practice and development	
A continuous improvement ethos e.g. staff surveys, routine lived experience feedback opportunities, suggestions boxes, consultation processes	
Training opportunities to support learning related to continuous/quality improvement methodologies	
Provided time, permission, and resources to respond to staff/lived experience feedback	
Identified priorities and practice change goals (service-level outcomes) using a trauma focused lens	
A plan in place to ensure such continuous improvement priorities are actioned	
Identified measures to monitor service-level change e.g. staff sickness, absences, retention, exit interview feedback processes	
Ensured data is effectively used to improve services and establish priorities	
Regularly shared learning with staff and service users on implementation progress/developments	
Clear goals and measures established to regularly target outcomes e.g. enhanced engagement, improved wellbeing on trauma informed approaches	
Conducted a peer review or sought external agency/independent feedback regarding policies and practices	

Continuous Improvement Score:

Resourcing



Why resourcing matters

Financing and resourcing were outlined as key components of successful trauma informed approach (TIA) implementation within the organisational development domain in the QUB TIA implementation Report 2024 [10]. In many reviews, an insufficient budget was seen as a central barrier to implementation.

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

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

Resourcing

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
-------------------------------------	---	--	---------------------------	-------------------------

To what extent has your organisation:	Score (1-5)
Invested in staff/volunteers by providing a dedicated resource (e.g. time, funding) for trauma informed training, according to role and remit	
Provided resources to support continuous professional development	
Resourced clinical or professional staff support (internal or external) e.g. supervision/reflective practice, occupational health, counselling	
Provided financial resources to develop safe and appropriate trauma informed environments	
Resourced wellbeing services for staff/volunteers e.g. time for building connections, team development and activities that support staff regulation	
Provided resources for staff to on how to recognise and respond to a traumatic issue e.g. bereavement, disclosure etc (awareness of reporting pathways, support services)	
Provided specialist training for staff who deliver therapeutic services to those impacted by trauma (if indicated)	
Promoted trauma informed commissioning of services to work towards the delivery of trauma informed services	
Shared resources to promote collaboration and efficiency with other agencies/organisations	
Funded evaluation tools as required	
Funded research or audit work as required	

Resourcing Score: 78

Evaluation & Sustainability



Why evaluation and sustainability matters

The purpose for data collection is to review and adapt to better practices. Whilst acknowledging that many organisations do monitor and evaluate their systems, this is not always done using a trauma informed approach (TIA). The usefulness of the regional Outcome Based Accountability framework was noted, however the need for further engagement with those accessing services was an important element of the debate.

An additional key organisational enabler reported in several studies was the establishment of mechanisms to regularly collect and review data on uptake and outcomes, thus **monitoring and evaluating progress and outcome data**. This meant that successes could be celebrated, building staff confidence and motivation. TIA implementation was perceived to offer the potential to bring about enhanced partnership working between services settings and sectors. The research highlighted how improved inter-agency collaboration was thought to improve service consistency and enhance the quality of service user experience. [10]

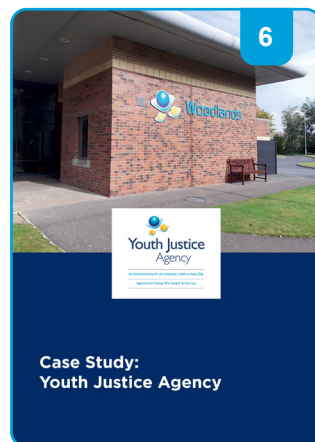
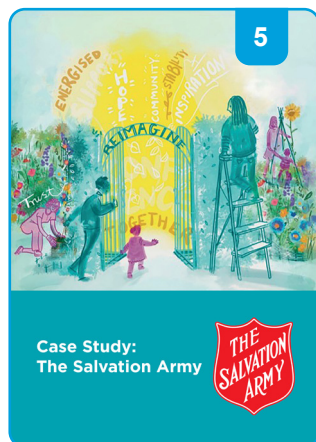
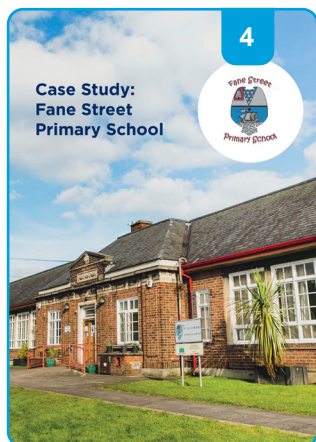
Evaluation & Sustainability

1 Little or no indication of TIA	2 Some elements of TIA being applied (in isolated areas)	3 Evidence of TIA being applied (in multiple areas)	4 TIA broadly deployed	5 TIA fully embedded
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To what extent has your organisation:	Score (1-5)
Conducted an organisational review to determine implementation priorities	
Considered organisational readiness for further trauma informed developments	
Tracked trauma informed implementation progress	
Started to develop processes to collate evidence of outcomes capturing the impact on the quality of services	
Captured evidence which incorporates <ul style="list-style-type: none"> • purposeful evaluation • data collection systems, management and analysis • specific outcome and reporting processes 	
Sought feedback from service users, pupils, clients, patients, etc	
Sought feedback from providers, leadership, and staff	
Established a process to review the experience of the organisation for those who access or provide services (entry to exit)	
Evaluated whether change efforts are effective, sustainable and making refinements as required	
Planned for knowledge transfer of trauma informed approaches	
Supported the spread and scale of trauma informed approaches e.g. connecting champions, dedicated trauma informed job role/posts/tasks	
Plans to implement and review trauma informed evaluation frameworks	
Worked with external organisations to create partnerships that will support sustainability of a trauma informed approach across the system	

Evaluation & Sustainability Score:

Resources



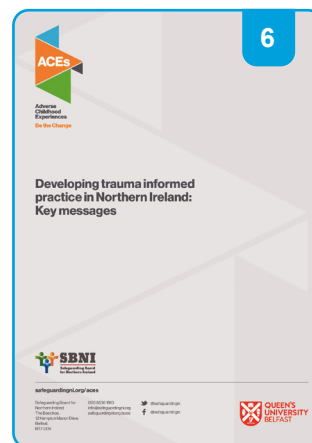
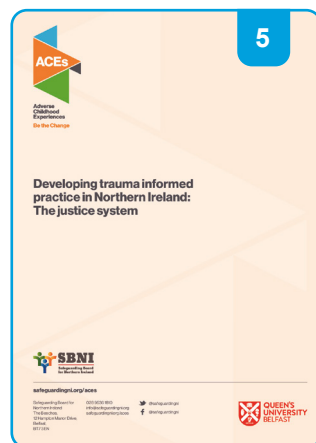
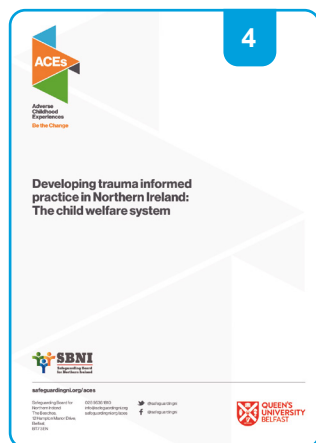
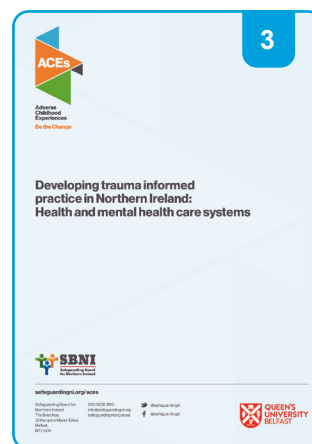
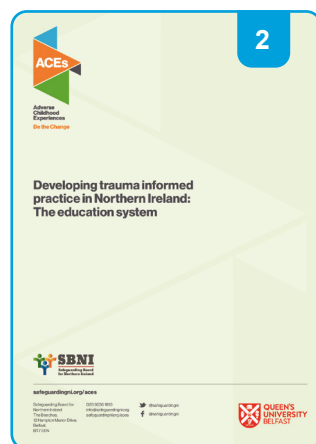
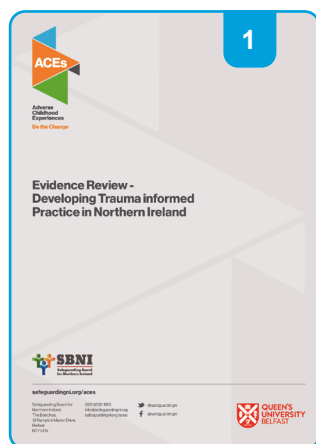
- [1. Executive Summary: We are on a Journey - Implementing Trauma Informed Approaches in Northern Ireland](#)
- [2. Full Report: We are on a Journey - Implementing Trauma Informed Approaches in Northern Ireland](#)
- [3. Implementing Trauma Informed Approaches in Northern Ireland Case Study: Belfast Inclusion Health Service](#)
- [4. Implementing Trauma Informed Approaches in Northern Ireland Case Study: Fane Street Primary School](#)
- [5. Implementing Trauma Informed Approaches in Northern Ireland Case Study: Salvation Army](#)
- [6. Implementing Trauma Informed Approaches in Northern Ireland Case Study: Youth Justice Agency](#)
- [7. Online Training Brochure - safeguardingni.org](#)

7

Level 2 Developing Trauma Sensitive Practice

Level 1 Adverse Childhood Experiences (ACE) Awareness

Resources



Evidence Review by QUB (2018)

1. [ACEs Report A4 Feb 2019 Developing a Trauma Informed Approach - Full Evidence Review \(safeguardingni.org\)](#)
2. [ACEs Report A4 Feb 2019 Education System Report 2a \(safeguardingni.org\)](#)
3. [ACEs Report A4 Feb 2019 Health and Mental Health \(safeguardingni.org\)](#)
4. [ACEs Report A4 Feb 2019 Child Welfare System \(safeguardingni.org\)](#)
5. [ACEs Report A4 Feb 2019 The Justice System \(safeguardingni.org\)](#)
6. [ACEs Report A4 Feb 2019 Key Messages \(safeguardingni.org\)](#)

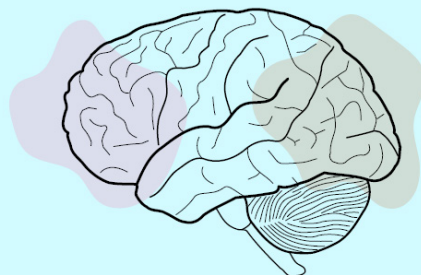
Evidence review undertaken by QUB in 2018 pertaining to Health & Mental Health Care Systems, Education System, Justice System, Child Welfare System.

Resources

If staff require higher level training inputs the Regional Trauma Network provide a recorded playlist of all their lunchtime learning sessions on a wide range of topics from post traumatic stress disorder to dissociation.



Regional Trauma Network



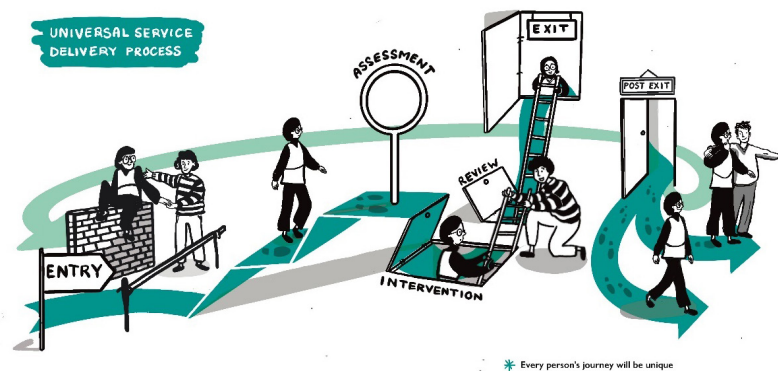
Lunch 'n' Learn

[Clinical Psychology/ RTN Lunch 'n' Learn - YouTube](#)

[Trauma Informed Oregon Presentation - NI ACE Conference 2020 - Mandy Davis \(1\).pdf](#)

During 2019/20 The Salvation Army participated in the Safeguarding Board Northern Ireland's (SBNI) Trauma-Informed Practice Project (TIP) 'Be the Change' Leadership Programme, which was to support leaders to explore organisational change and consider future strategic direction. This report reflects that pilot and the organisation's journey exploring strengths and gaps, using the SBNI TIP's 'transformation model' which incorporates the key principles of trauma informed practice. Salvation Army report available here:

[External Report LRes JAN 2023.pdf](#)

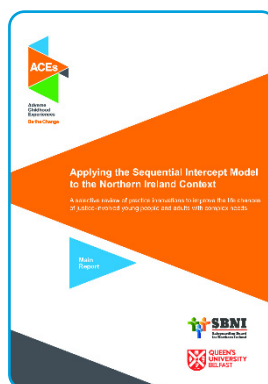


Oregon's
Trauma Informed Journey
Mandy Davis, LCSW, PhD



Resources

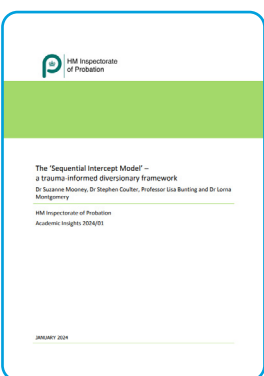
This report by QUB explores the application of the Sequential Intercept Model in the context of NI. The model was developed in the USA as a cross-systems framework to consider the interface between the criminal justice and mental health systems. The SIM framework can support the identification of barriers and opportunities for improvements within the system.



<https://www.safeguardingni.org/aces-and-trauma-informed-practice/trauma-informed-journey>



<https://www.safeguardingni.org/aces-and-trauma-informed-practice/trauma-informed-journey>

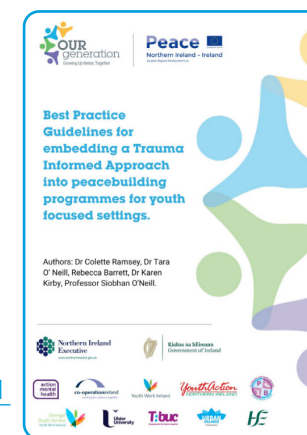


This is a recent paper on [The 'Sequential Intercept Model' – a trauma-informed diversionary framework \(safeguardingni.org\)](https://www.safeguardingni.org). This report highlights how the SIM can be used more widely as a trauma-informed framework which identifies key stages and opportunities for diverting children and adults with complex needs from the criminal justice system or from penetrating deeper into the system.



The following is a set of best practice guidelines to support the development of a Trauma Informed Approach for youth focussed settings across NI as part of the Our Generation Project.

[Latest Publications | OUR Generation CYP | Northern Ireland & Republic of Ireland \(ourgeneration-cyp.com\)](https://ourgeneration-cyp.com)



Resources

• [Hosting a meeting using principles of Trauma Informed care \(safeguardingni.org\)](#)

• Room Environment

- Be mindful of space- too big or small?
- Ensure there is access to the door
- Seating- not too close
- Temperature
- Outside distractions
- When variables can't be controlled- debrief the group on what things may come up

Resource developed by the Southern Health & Social Care Trust Learning and Development team & the SHSCT Trauma Network Service.

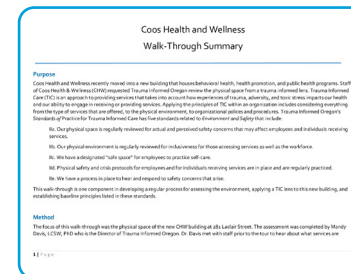
[Practical Tips for Hosting and Delivering Trauma Informed Training \(safeguardingni.org\)](#)



Trauma Informed Care – Physical Space Assessment			
Item	Connection to Toxic Stress	Impact from Neurobiology	Considerations
Lobby chairs are movable and options for seating.	Gives staff options to rearrange based on need. Provides seating options that allows the person waiting to determine how much distance they need to feel safe and to best fit their body's needs.	Items promote or hinder: 1) A safe environment ensures that the frontal lobe can stay engaged and that rational thinking, judgment and attentional control can occur. This higher-level thinking is important in control and suppression of a stress response. Keywords: frontal lobe	<ul style="list-style-type: none"> • Consider if there are more helpful designs on certain days or times of day.
Lobby design	The openness, clean, and coordinated, non-broken furniture conveys this is a cared for space.		<ul style="list-style-type: none"> • Monitor lobby behaviors. Are there different needs for different times of the day or days? Depending on wait times it may help to have a distraction that

[Trauma Informed Care – Physical Space Assessment \(safeguardingni.org\)](#)

Coos Health & Wellness (CHW) requested Trauma Informed Oregon review the physical space from a trauma informed lens. This report is a summary of the walk through the service, followed an example of a physical space assessment.



[Coos Health and Wellness - walk through summary.pdf \(safeguardingni.org\)](#)

A resource from the NI Social Care Council to support value based recruitment and retention of staff.

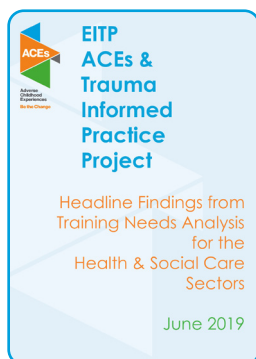
[Values-based Retention Toolkit - NISCC Learning Zone](#)

Dr Karen Treisman also has a resource on Trauma informed recruitment, interview and induction available [here](#).

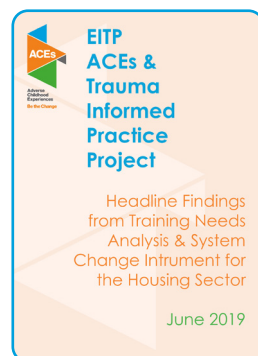


Resources

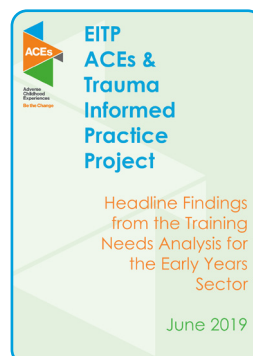
The Trauma Informed journey (safeguardingni.org) showcases the range of presentations delivered at previous NI ACE conferences across a range of NI sectors. If you would like to read about the outcomes of some previous stakeholder engagement please see reports below:



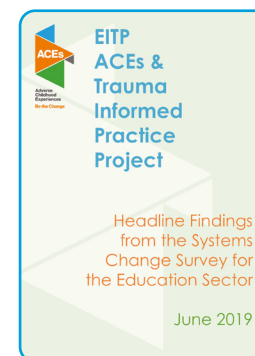
[Health and Social Care Stakeholder Engagement \(safeguardingni.org\)](http://safeguardingni.org)



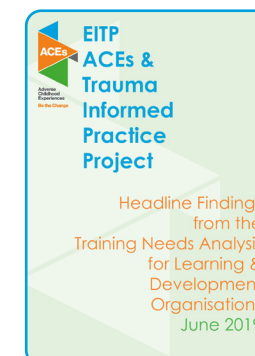
[Housing Sector Stakeholder Engagement \(safeguardingni.org\)](http://safeguardingni.org)



[Early Years Sector Stakeholder Engagement Report \(2019\).pdf \(safeguardingni.org\)](http://safeguardingni.org)



[Education Sector Stakeholder Engagement Report May \(2019\).pdf \(safeguardingni.org\)](http://safeguardingni.org)



[Learning and Development Stakeholder Stakeholder Engagement \(safeguardingni.org\)](http://safeguardingni.org)

Resources

Descriptions of other resources to support organisational implementation

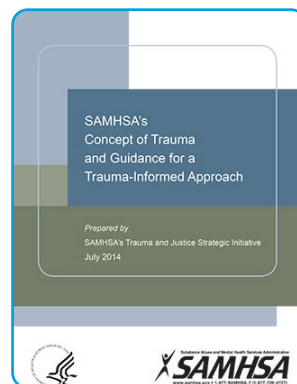
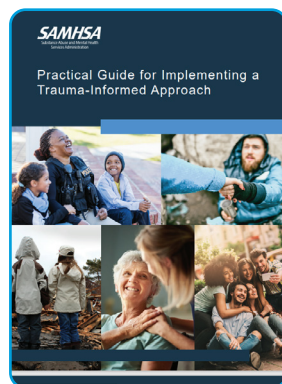
SAMHSA (Substance Abuse and Mental Health Administration):

Concept of Trauma (2014): a 'landmark publication' which has influenced service provision internationally and beyond health and health care.

Trauma informed care in Behavioural Health Services (2014): provides effective definitions and a framework that is adaptable to all sectors to guide systems to become trauma informed.

Practical Guide for Implementing a Trauma Informed Approach (2023): expands the discussion of the above papers focusing on tools and strategies for implementing a Trauma Informed Approach (TIA) in the USA.

- [Practical Guide for Implementing a Trauma-Informed Approach \(samhsa.gov\)](https://www.samhsa.gov)

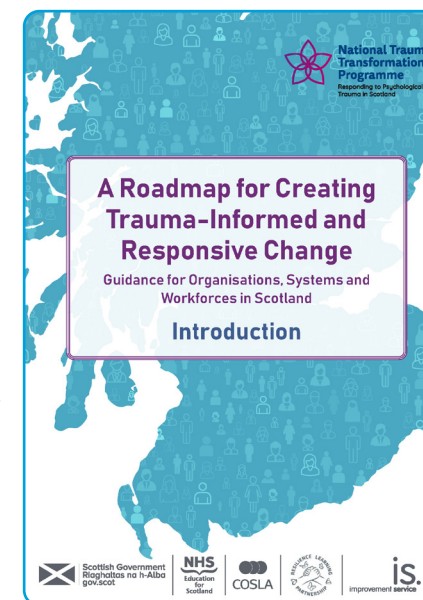


In Scotland a roadmap has been designed to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice.

www.traumatransformation.scot/implementation/

This link provides access to evidence-based training, tools and guidance to support trauma-informed and responsive systems, organisations and workforces in Scotland.

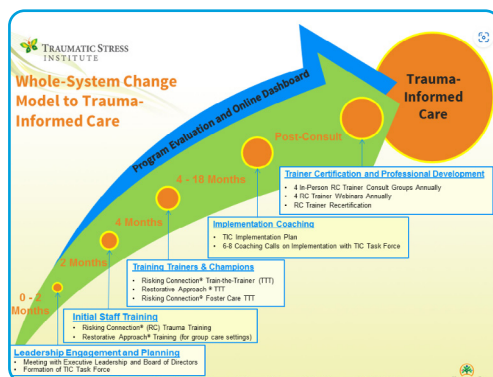
- [Homepage - National Trauma Transformation Programme](#)



Resources

Traumatic Stress Institute [Whole-System Transformation to Trauma Informed Care \(TIC\) | Traumatic Stress Institute - Klingberg Family Centers](#)

online USA resource with a range of tools effective for attaining organisational baseline, models for whole system change. Charges for some resources.



Trauma informed Oregon [TIO | Trauma Informed Oregon - Your Resource for Trauma Informed Care](#) TI Oregon have worked with the SBNI TIP team and their audit tool has been piloted by Northern Ireland organisations. [TIO | Trauma Informed Care Implementation Tool \(traumainformedoregon.org\)](#)

Trauma Informed Care Implementation Tool

TIC Implementation Tool Introduction and Origin

The [Trauma Informed Care \(TIC\) Implementation Tool](#) was created by the Human Services Implementation Lab and Trauma Informed Oregon to assist organizations, systems, and agencies in implementing trauma informed care and tracking their progress. In 2022, the Human Services Implementation Lab and Trauma Informed Oregon tested the tool with six diverse organizations, receiving feedback that helped to improve the tool. The TIC Implementation Tool was developed in response to a growing demand from organizations seeking to evaluate their alignment with trauma informed care and monitor their progress. Organizations can use the tool to conduct independent assessments or [receive support and a full audit from the HS Implementation Lab](#).

Implementation Tools

- Roadmap
- Screening Tool
- Logic Model
- TIC Implementation Tool
- Five Essential Elements of TIC

SANCTUARY Model® (Sanctuary Institute) led by Sandra Bloom [Sanctuary Model – Sanctuary Institute \(thesanctuaryinstitute.org\)](#)

‘The Sanctuary Model® is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma informed community.’ It provides training and consultation services in USA the website has useful resources.

sanctuary INSTITUTE (914) 965-3700

REQUEST INFORMATION

ABOUT SERVICES NETWORK MEMBERS SHOP PUBLICATIONS EVENTS CONNECT

SANCTUARY MODEL

Home About Sanctuary Model

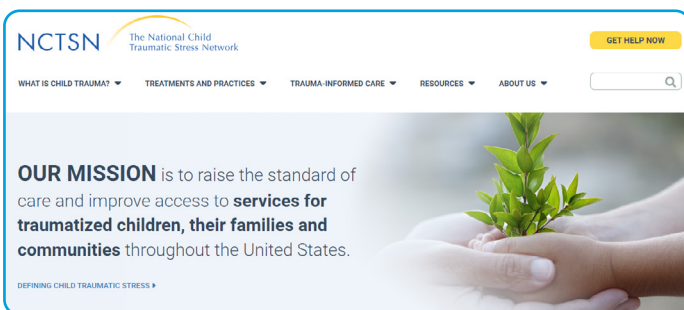
SANCTUARY INSTITUTE

Resources

Dr Karen Treisman has useful resources and information on her website. [Safe Hands Thinking Minds | Relational and developmental trauma in children](#)



The National Child traumatic stress network [The National Child Traumatic Stress Network | \(nctsn.org\)](#) funded by SAMHSA with a focus on services for children and families, it includes organisational change resources. It has useful factsheets e.g. 'What is a Trauma informed Child and Family Service System?'

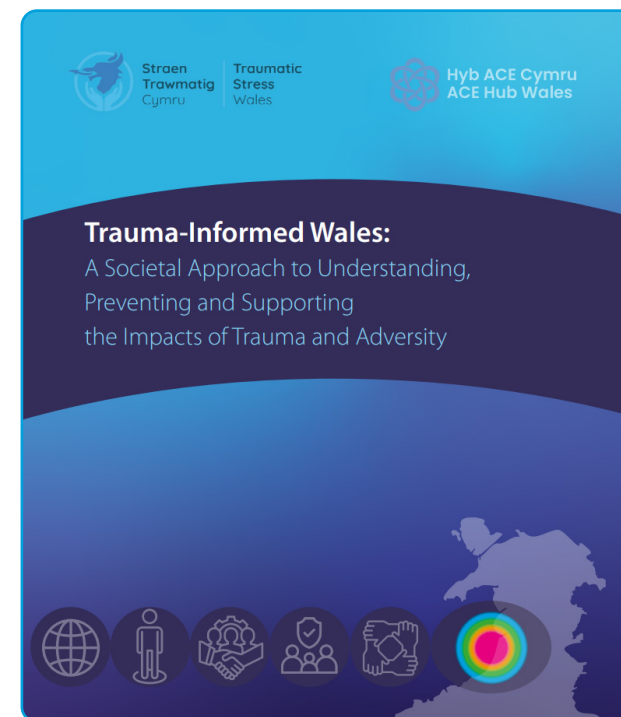


In Wales an [Adverse Childhood Experience \(ACE\) Support Hub Cymru](#) was developed to support professionals, organisations, and the community to help create an ACE-aware Wales. The Welsh Government has also supported the development of a [Trauma-Informed Wales Framework](#).

<https://acehubwales.com/resources/guidance-for-trauma-informed-policy-and-practice/>

[Guidance for Trauma-Informed Policy and Practice - ACE Hub Wales](#)

Nothing in this resource constitutes a direct or indirect endorsement by the SBNI of any products, services, or policies outlined.



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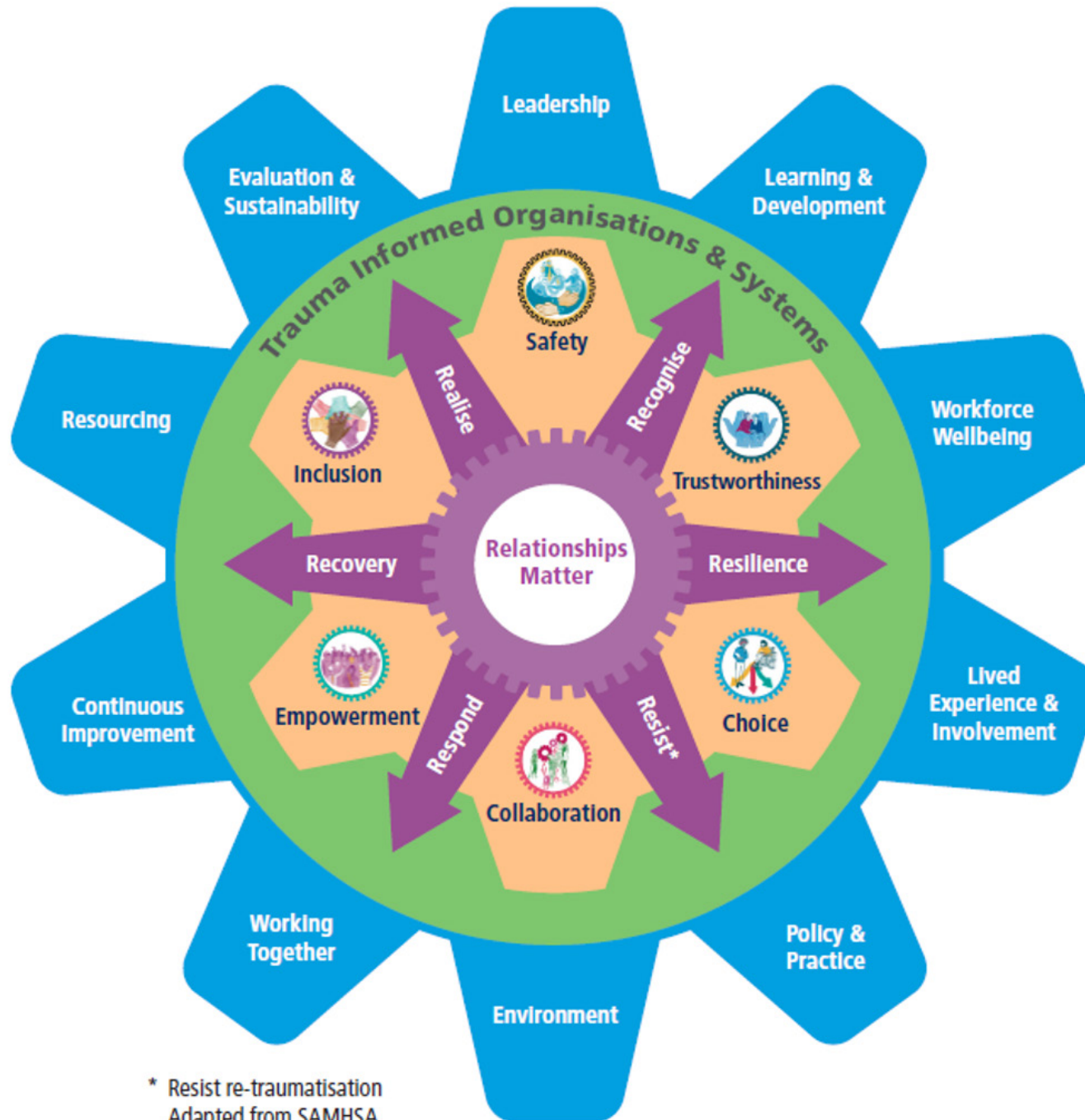
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* Resist re-traumatisation
Adapted from SAMHSA



Thank you for taking the time to use this toolkit. We ask you to support us to continually improve the resource by completing this [evaluation on the toolkit](#).

We invite you to continue to play a role in embedding a trauma informed approach across organisations, systems and workplaces.

For further information, or to contact our implementation managers, please see our website [Trauma Informed Approaches \(safeguardingni.org\)](https://safeguardingni.org)