



**We
are on a
journey**

- ▶ Suzanne Mooney
- ▶ Montserrat Fargas Malet

Implementing Trauma Informed Approaches in Northern Ireland

Case Study: Salvation Army



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Abbreviations

ACE:	Adverse Childhood Experience
CYP:	Children and young people
EPPOC:	cross-Executive Programme on Paramilitarism and Organised Crime
HSC:	Health and Social Care
REA:	Rapid Evidence Assessment
SAMHSA:	Substance Abuse & Mental Health Services Administration USA
SBNI:	Safeguarding Board for Northern Ireland
TIA:	Trauma Informed Approach
TIC:	Trauma Informed Care
TIP:	Trauma Informed Practice
V/C:	Voluntary and Community

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Introduction to Case Studies



1.1 Introduction

This case study is part of a larger research study which sought to review the implementation of trauma informed approaches (TIAs) in Northern Ireland (NI). This study was commissioned by the Safeguarding Board NI (SBNI) and undertaken by a research team based at Queen's University Belfast (QUB), primarily made up of academics and researchers based at the School of Social Sciences, Education and Social Work (SSESW) (including Dr Suzanne Mooney, Principal Investigator; Dr Montse Fargas-Malet, Research Fellow; Professor Lisa Bunting; Dr Lorna Montgomery; Dr Mandi McDonald; Dr Colm Walsh; Professor Davy Hayes), in close collaboration with Ms Deirdre O'Neill in the QUB School of Nursing and Midwifery (SONM). Each case study involved a smaller number of the team members. The full review of TIA implementation in NI consisted of four distinct components:

- (i) **a rapid evidence assessment** of national and international literature reviews about the key components of effective TIA implementation to embed and sustain developments in diverse real world settings and methods for the evaluation of effectiveness. This REA builds on the findings of the systematic evidence review conducted by team members on behalf of SBNI in 2018-19 (Bunting et al., 2019a);
- (ii) **progress mapping** of TIA implementation across key sectors and organisations in NI via a bespoke online survey;
- (iii) **a strategic overview** of senior managers and professionals' assessment of TIA implementation in their area of expertise and the region as a whole via a series of online focus groups; and
- (iv) **four in-depth case studies** of selected cross-sector trauma-informed implementation initiatives in NI.

Each review component built on the findings of the other elements and concluded with a distinctive output. The outputs of all four components were brought together and recommendations provided for how SBNI and partner agencies could progress the implementation of TIAs in NI. The full

report (Mooney et al., 2024a) and Executive Summary Report (Mooney et al., 2024b) are available online via the SBNI website <https://www.safeguardingni.org/trauma-informed-approaches/latest-research>

1.2 Case Studies Overview

Methodology

An integrated process and outcomes evaluation approach was adopted to establish a comprehensive understanding of the implementation of four selected trauma-informed initiatives specifically enquiring about: 1) what was implemented; 2) how it was implemented; 3) what difference it made and to whom; as well as 4) perceived enablers and barriers within the service context and 5) transferable implementation learning. The primary aim was to show what TIA implementation looked like in diverse settings and capture important organisational learning, which could be applied to other service settings wishing to progress TIA implementation. In these ways, it was anticipated that the case studies would help provide a vision for ongoing development. Case study methods encompassed three core activities: 1) analysis of relevant documentation or information related to the TI initiative provided by the case study service; 2) a focus group with key people associated with the development or leadership of the initiative; and 3) a focus group of staff drawn from different positions across the organisation who had differential experience of the TIA initiative. All focus groups were conducted online, recorded and transcribed.

Selection

Case study organisations or services were selected by the QUB Research Team from the online survey submissions (Element 2) where respondents had indicated an interest in case study participation. All the case studies selected had implemented TIAs across the three primary implementation domains adopted by this study i.e. (i) organisational development, (ii) workforce development and support, and (iii) service design and delivery (see below for further detail). Four case studies were identified using critical case sampling, taking account of: organisation/service size; target population (adult/child); service setting; geographical remit; and service sector.

General description of the case studies

The four case studies selected were drawn from different types of service settings, including Education, Justice, and Health and Social Care. They also involved both statutory and voluntary/community organisations of different sizes, serving different populations (see Table 1.1). Each case study organisation presented unique implementation strategies and initiatives, relevant to their service setting, purpose and population. Each case study is available separately on the SBNI website.

Table 1.1: Case study description

	Type	Setting	Size	Service users	Area
Youth Justice Agency	Statutory	Justice	100-500 employees	Children/young people	Regional
Fane Street Primary School	Statutory	Education	Less than 100	Children/young people	Belfast
Salvation Army UK/Thorndale Family Service	Voluntary	Multiple settings/ Social Care	500 plus employees	Children, young people & adults	UK/ Regional
Belfast Inclusion Health Service	Statutory	Health	500 plus employees	Adults	Belfast HSC Trust

1.3 A brief note on terminology and conceptualisation

The overarching term of **Trauma Informed Approaches (TIAs)** was adopted in this review to encompass Trauma Informed Practice (TIP) and Trauma Informed Care (TIC) as a means to reflect the relevance of TIAs for organisations which do not provide frontline services as well as those which do.

TIA Implementation domains: In the interest of achieving relevance for this cross-sector TIA organisational implementation review, the research team sought to merge and adapt the primary implementation frameworks available i.e. SAMHSA's (2014) ten implementation domains; Hanson and Lang's (2016) implementation framework for child welfare and justice settings; and the Trauma and Learning Partnership Initiative (TLPI) framework (Cole et al., 2013), which considered the development of trauma-sensitive schools. The following overarching framework was thus proposed encompassing three core implementation domains (organisational development; workforce development and support; and service design and delivery). Within each overarching domain, there are a number of specific implementation foci or indicators which require attention. It is acknowledged that while whole system TIA implementation includes action across at least two of these core domains, not all implementation indicators will be relevant to every organisation, dependent upon their purpose and mandate. For example, the service design and delivery domain may have different resonance dependent upon whether the organisation is a frontline service provider or a support, regulatory, commissioning or governance body (See Figure 1.1). These implementation domains and indicators were used in the analysis of each case study.

Organisational development: a range of organisational developments including governance and leadership; financing and resourcing; review of policies and procedures; the physical environment; enhanced service user involvement; progress monitoring and evaluation.

Workforce development and staff support: training and development initiatives directly related to supporting staff understanding of the impact of trauma and adversity on service users and ongoing support/supervision/training to embed practice change; support for staff wellbeing.

Service design and delivery: initiatives which sought to embed trauma-informed practices into their universal service delivery (e.g. an intentionality towards enhanced relational connection with service users; reduced use of practices which might retraumatise etc.); integrating recognition of service users' trauma history into assessment, planning and intervention; or increased access to targeted trauma-focused services and interventions i.e. specialist interventions for service user cohorts, such as group work or therapeutic modalities.

Figure 1.1: TIA Implementation Domains





Case Study: The Salvation Army



2.1 The context

The Salvation Army (SA) is a church and charity which operates across the UK and Ireland, including N. Ireland. The SA aims to help people by providing immediate, practical support to overcome issues such as addiction, homelessness, social isolation or poverty and recovery from slavery. It also strives to address the reasons that cause these situations, with a view to effecting sustainable change in individuals and society at large. The Salvation Army combines centrally co-ordinated services and locally co-ordinated churches and community services, which are perceived as all playing a part to bring about positive change. The SA call this its 'integrated mission'.

As well as 89 services in the UK, the SA provide 11 services on the island of Ireland, five of which are located in NI. These include three family homeless services, one homeless service for men only, and the specialist Thorndale Parenting Service (PS). All services are based in Belfast. Thorndale Parenting Service has three strands to its work. These incorporate a residential Parenting Assessment and a bespoke Day Intervention and Assessment service based at its North Belfast facility. Parents and children are referred to the residential facility by Social Services where there exist child protection concerns. During a minimum three-month residential stay, specialist staff assess capacity to parent safely, providing recommendations to the courts in relation to children's safety and their potential rehabilitation to parental care, or possibly removal into state care. This is the only service of its kind in NI. Having left the residential service, parents and children can continue to avail of ongoing support from the Day Service. Families referred to the Day Service attend for targeted intervention and focused areas for assessment. On conclusion of this, some families may progress into the residential service if necessary. The final strand of Thorndale's service offer is 'The Bridge', a new early intervention and family support service, developed in partnership with Belfast HSC Trust based at the newly refurbished building 'The Orchard' in North Belfast. The Day Service and the Bridge are non-residential, while all other SA NI services are residential. They are part of the SA strategy to branch out of traditional residential services.

2.2 Trauma-informed implementation

In this case study, the senior management focus group was made up of three representatives from different parts of the Salvation Army UK & Ireland. These included the Director of Addiction Services who advises all SA projects/ services across the UK and Ireland; the Head of Mission Data from the Research and Development (R&D) Department, of which both departments are based at Head Office London; and the Social Work Service Manager at Thorndale Parenting Service. The staff focus group included staff from the different services provided by Thorndale as well as one regional trainer who provided training to staff teams and projects across the UK and Ireland. These combinations provided an opportunity to consider TIA implementation from a local service perspective (Thorndale PS) as well as the broader SA UK and Ireland context.

2.2.1 The Salvation Army's TIA Implementation 'Journey'

Each of the senior management focus group participants described their respective relationship with TIA implementation to date, and how these different roles, positions and experiences had come together to bring the organisation as a whole and the local Thorndale PS to where they had arrived at today. TIA implementation in the SA, at both a local and national level, was described as a 'journey' and 'learning process', with assessments shared that they still had a long way to go' from an organisational perspective.

The national context: The Director of Addiction described a long professional history with TIAs, arguing that while the language around ACEs, attachment and trauma had not been there in the early 2000s, addiction and homeless services (which encompass a significant proportion of national SA's services) had been already working in ways that were trauma-informed at some level. He described how he had been involved in the roll-out of 'psychologically-informed environment' principles across Welsh Governmental Departments, i.e. Housing, Police, Education, Health Care, etc., when working with the Welsh ACEs Hub, so was aware of the challenges of supporting widespread TIA implementation first-

hand. The Head of Mission Data described her involvement with TIAs, dating back to 2007-9, when SA carried out 'The Seeds of Exclusion' research. This involved conducting mental health assessments with over 1000 individuals receiving SA services. At that time, SA Head Office had committed to using the research recommendations to change its practice and a 'Wellbeing Framework' had been developed in conjunction with SA's homelessness services. This Framework aimed to create an 'enabled environment' in which trauma-informed and psychologically-informed models of engagement were embedded. In tandem with these developments, a 'Valuing People Strategy' had also been developed which included an ambition to provide 'a healthy and flourishing environment'. It was here that trauma-informed practice was explicitly noted. Such high-level national strategies, in which the language of TIAs was embedded, were reported to have led to inter-departmental national-level conversations on how to create this envisaged 'healthy and flourishing environment'. These policy developments coincided with the introduction of a Harm Reduction Strategy to SA UK & Ireland in 2013, which was felt to have strongly resonated with trauma informed principles. As a result of these combined initiatives, TIA implementation was reported by senior manager focus group participants as already progressed to some degree across SA nationally.

However, TIA implementation progress at the national level was reported to stall at the time of the COVID pandemic, when strategic developmental work went 'on hold' and the 'workforce fundamentally shifted'. During this time, according to participants, a lot of experienced staff left, new inexperienced staff arrived, while those who remained were 'jaded' by their pandemic experience. As a result, senior leaders were concerned not to 'push' TIAs on a tired and depleted workforce, noting that some of the previous foundational work needed 're-done':

"A lot of people who had no experience came in, so it almost felt like you were re-doing a lot of work, laying the foundation again.... what you also had was the ones who did stay were very jaded by the whole experience of COVID. So I think we were very... not apprehensive, but very patient in pushing again because it felt like people were literally just start to draw a breath in."

(Senior Management Focus Group)

Bridging the local and the national:

However, into this challenging national environment, new opportunities for TIA implementation emerged from the local NI service context. The Thorndale service manager spoke of how she had embarked on implementing TIAs in the Parenting Service as one of the SBNI TIP project's trauma-informed pilots (starting in 2020), following her participation in the SBNI 'Be the Change' leadership programme. The NI Service Manager described how the 'local level' pilot project at Thorndale had enabled a 'bottom up approach' for TIA progression, where learning from a frontline service could be used to reinvigorate TIA implementation at the national level. However, it was noted that the wide-ranging development achieved, could not have been managed alone. Senior colleague support from the national organisation was seen as essential to leverage support for the local initiative, as well as cascade the learning throughout the wider organisation. Participants noted that the harnessing of this 'bottom up' and 'top down' approach was essential for wider progress with 'organisational growth' dependent upon 'everybody being involved.'

This strategic alignment of different senior staff members, each with their different local and national remits, were considered essential to achieving whole organisational 'buy-in', where 'together', they could 'make quite a lot of things happen':

"We were at different levels within the organisation and had different levels of influence. So [NI Service Manager] was very much able to obviously influence what was happening locally. (...) So it meant that at the different levels (...) people were able to have those conversations and we were able to kind of get ... some of that traction, to get the buy-in."

(Senior Management Focus Group)

2.2.2 TIA Conceptualisation

As noted above, senior management participants indicated how elements of TIAs had already been operating (to some extent) in homelessness and addiction services prior to the introduction of ACEs, trauma and attachment to the UK policy landscape in the early 2000s. Participants reported *TIA alignment with other organisational strategies*, such as the introduction of a Harm Reduction Strategy to SA UK in 2010s, as the organisation moved away from its 'strong abstinence focus'. Harm reduction principles of 'choice, control, empowerment, and strong relationships' were noted to resonate well with TIA principles. As a result, TIA

implementation was thought to have found 'fertile ground' in many frontline service contexts.

However, despite this alignment, senior participants noted the challenge of introducing staff to 'something new', particularly in the aftermath of COVID. To overcome staff fatigue, staff were invited to think of TIA principles as a 'coat rack', somewhere where they could 'hang their coat'. Using this analogy was thought to give practitioners 'a sense of relief', avoiding potential 'overwhelm' while helping practice become 'more intentional', where the underpinning purpose or 'meaning' behind the practice was better understood:

"So you see a look on people's face just like, please not something else. I can't deal with something else now. So the way that I've always... described [TIP] (to staff), is almost like the principles are like a coat rack. This is the thing that you've already done and you've already been wearing. This is just something to hang your coat on now. So you've got names and phrases and understanding for that thing that you've already done. So this is not a question of something new, it's a question of, I can take it off and feel a relief I'm actually doing that thing. So it gives people a sense for... trauma informed practice... this is not something that's overwhelming and overloading you... this is something that gives you a sense of relief. That's the thing that I'm doing. And when I do that now, I am much more mindful of it because I can give it a name... [it's] meaningful... when you know you're doing that thing that you know is a good thing to do... [practice] becomes much more intentional."

(Senior Management Focus Group)



Focus group participants described TIA implementation progress, at both the local and national level, across the key areas associated with: organisational development; workforce development and support; and service design and delivery.

2.2.3 Organisational development

Bridging the disconnect between different parts of the organisation: In the TIA organisational development implementation domain, some of the challenges spoken of in the senior management focus group focused on *leadership and policy development* in a large and complex organisation like the SA UK & Ireland, where there was a perceived need to bridge the ‘disconnect’ between senior SA Head Office staff and frontline practitioners in local services. Senior practice staff noted the challenge of helping senior SA Head Office staff get an understanding of TIAs in order to progress national-level development. It was thought that often frontline practice was more advanced in their understanding of TIAs as they were ‘actually living it’, more so than for Head Office staff for whom at this time, trauma-informed was ‘just a word’.

Similar challenges were noted in terms of bridging the gap between the policy world and frontline service provision, with the local NI TIA pilot project considered an opportunity to ‘join the dots’, helping bring meaning to various strategies and policy terminology:

“Whilst I was aware of some of those [policy developments] happening, I probably wasn’t as connected to them... But I knew that there were conversations (...) and all of this terminology being floated around ‘enabling environments’, ‘psychologically informed environments’, ‘flourishing environments’, you know, ‘wellbeing’ and things. But the pilot project that we undertook... and it was a small pilot project with two groups of staff in Northern Ireland and we get that... it has limitations and things. (...) but that pilot project just kind of highlighted for us, that there was a massive disconnect between what was happening higher in the organisation and... you know, (...) the practice and services and all the different kind of supports and expressions of Salvation Army work that was happening.

There was a disconnect between what anybody knew anybody else was doing (...) So this experience and project I think really helped everybody to join those dots.”

(Senior Management Focus Group)

This work was reported to have helped emphasise the interconnected nature of organisational development at local service provider and national levels. This was described as an ongoing ‘learning process’, with close collaboration with Human Resources elicited to advise in relation to policy development. Such high-level strategy development was noted as important in large, multi-faceted organisations, with concerns that without policy/practice alignment, the central organisation could inadvertently ‘stifle’ local TIA development:

“It’s very much a learning [process] at the minute. We’re nowhere near ‘there’ from an organisational perspective, in a place where it’s working well, but I guess my role in this (...) has been to try and help educate and support those individuals who have the responsibilities to make these changes, so that they understand the importance of it and start enacting some of ... those changes that need to happen organisationally, so that anything that’s happening locally isn’t being stifled because our policies and processes are counter to the way that we’re trying to work.”

(Senior Management Focus Group)

Consultation with staff and service users, referred to by senior participants as a ‘*trauma informed inquiry approach*’, was understood by all focus group participants to be at the heart of all TIA implementation. In addition to the practical changes that emanate from such involvement, senior SA managers noted how such an approach also meant that staff were being given more time and space to reflect and ‘properly process’ proposed changes, rather than have change foisted upon them. According to participants, this trauma informed inquiry approach had been taken on board by the organisation as a whole, with staff and service user involvement now embedded as a core feature in many policy documents:

“I think the reason that the [NI TIA] pilot was so successful was because of the trauma informed inquiry approach. The fact that people were given the space to reflect and understand and embed [the changes]... it was a very different approach that we took to the way that we sometimes do training, and ... it’s definitely something that as an organisation, that we recognise and are trying to take forward in other areas. This way of giving staff the time to properly process and then be supported in the embedding of [the initiative].”

(Senior Management Focus Group)

Such consultation was reported to be influencing the type of services SA wished to deliver at a national level. For example, in the development the Homeless Services Strategy, meaningful involvement with service users and staff was claimed to have brought a notable shift away from larger scale residential provision to the proposed development of smaller services and facilities.

At the local level, the Thorndale PS manager spoke of how TIA implementation had essentially started with consultation with staff and service users. She described how they had used the ‘transformation model’ (introduced at the SBNI ‘Be the Change’ Leadership Programme) to *map the service user pathway through the service* (‘from

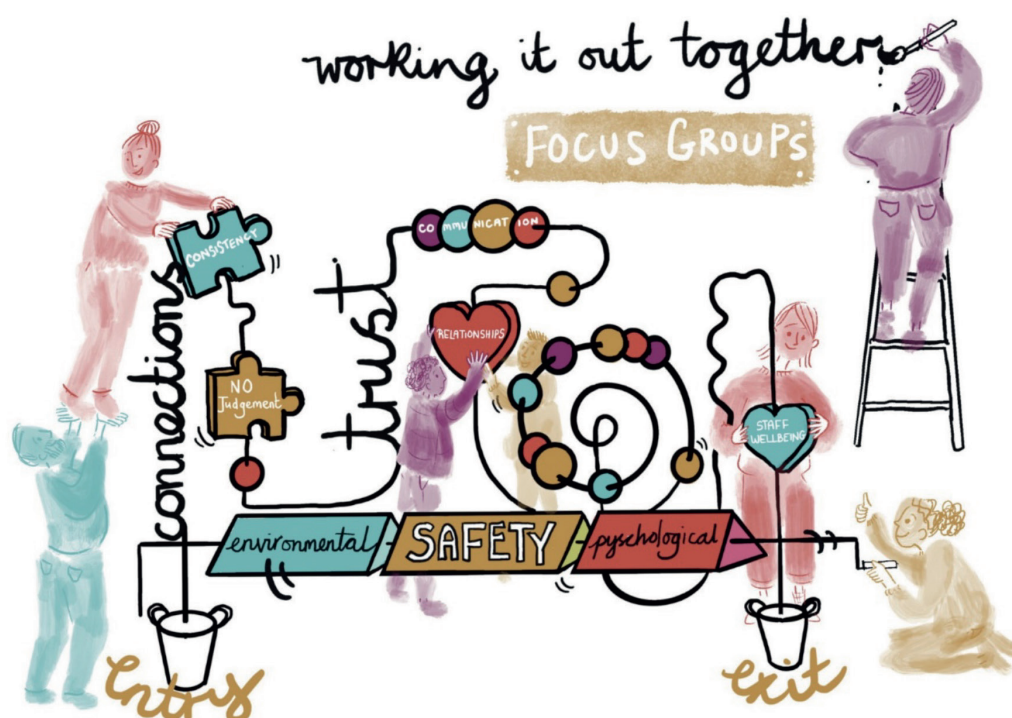
entry to exit’) as a means to explicitly consider and understand their experiences while receiving support from the service. However, in addition to the service user experience, it was considered essential to understand the experiences of staff during their time of working for the organisation:

“We looked at the... transformation model, looking at the [service user/staff pathway]... from entry to exit,... to get a deep dive with staff and service users, really looking at from when people enter our services or our supports or start their engagement or... their employment with us, what is that process like for them?... How do they experience that? And we reflected on that entire journey and... (...) we mapped the staff reflections against the [TIA] domains.”

(Senior Management Focus Group)

In addition to paying attention to the ‘welcome’ offered to service users, the central Human Resources (HR) Department was also reported to be undertaking work in relation to *staff experience of recruitment, induction and support* at SA. This work was aimed at understanding how staff could be better supported to feel ‘safe and secure and valued and connected’ to the organisation, thus reducing staff turnover:

Figure 2.1: Graphic developed by Thorndale Parenting Service to depict the core components of their TIA implementation process (Artist Beth McComish)



“And we looked at that in so many different... not just the welcome to service users when they first arrive (...) But when staff first apply for a position, what is that recruitment process like? (...) and HR have really stepped up about that... they’re doing a big piece of work at the minute around... really looking at the turnover of staff in the first year, and... why is that happening? What? What do we need to do about it? What could be better? You know, how do we keep people? (...) This is... our welcome. You know, so not just literally that first day, but that first week, that first month, those first six months, that first year, you know, what is it that we can do to make people feel safe and secure and valued and connected within our services? And so, it needs to be looking at recruitment. It needs to look at support. It needs to look at induction (...) how do we make people feel more welcomed and valued and intrinsically a part of what we do, whether that is the people that live or work in our services.”

(Senior Management Focus Group)

The importance of the **physical environment** was discussed in both staff and senior manager focus groups as an area that had received significant attention and where the benefits had been much larger than originally anticipated. The Thorndale TIA pilot had proved the catalyst for these developments across the wider SA organisation. The NI senior manager described the process of refurbishing one of their buildings on the site in North Belfast. While acknowledging that it was still ‘just a building’, her experience of the ‘intentional’ efforts taken to involve service users and staff in the design process had brought many unanticipated benefits:

“I get that it’s just a building and I get that...a building and a place isn’t everything. But I think what this has really taught us is that actually with intentionality, if you really seriously focus on the physical environment or the environment... that people either work in or come to live or receive their support, the benefits of that, I think, are even bigger than we had anticipated.”

(Senior Management Focus Group)

It was emphasised that these changes had been achieved with a small, limited budget in a non-purpose-built environment:

“This is just a small building, it’s not purpose-built. We just did a little bit of refurbishment too, but we did it with a lot of careful consideration and consulting with people... and we looked at trauma informed design and trauma informed architecture and things. And obviously, if we had had millions and millions of pounds, it would have been done very, very differently, and we’ve done it on a shoestring, but it really shows that actually with a little money, but with the right intention that actually a place and a space, the physical environment can make a massive difference.”

(Senior Management Focus Group)

Part of the learning from facilitating this process, initially in Thorndale PS, and then in other projects across the UK, included the organisation, as a whole, developing a more fulsome appreciation of how the physical environment in which people work or receive a service has an impact on the individual (through their senses) and shapes what happens within that space. Given SA’s many residential services for homeless people, it was noted that for many service users, these buildings become their ‘home’, at least for a period of time:

“So I think that the learning... what is the environment like where people live, where they receive their support, where they either come to on a daily basis or where... you know, that’s their home for a period of time, and... what impact does that have on them... everything that they see here, smell, experience... all the signage, the noticeboards... all of that. I think that’s been a massive learning curve for the organisation.”

(Senior Management Focus Group)

However, to achieve such benefits from the redesign of the physical environment, the *process of involvement* (i.e. trauma informed inquiry approach) was clearly emphasised, as opposed to the end product itself or differences in colours/ décor, etc. This was noted as frequently misunderstood by organisations who wished to come and visit the refurbished building. The involvement process started with facilitating staff to ‘walk through’ their own work environments, or indeed other SA projects, using a trauma-lens to consider what service users would see, hear, or smell to help orientate to their experience:

“I’ve been to [different regions and services]... they’re starting to do these walkthroughs of their services, you know, with photographs and swapping staff teams, and getting staff from one service to go into another service and really look at it and think about how that looks and smells, and what they hear and the buzzers... just everything.”

(Senior Management Focus Group)

“You know, when we look at the building like, you wouldn’t have the big strobe lights in your house, but we expect them in every service we’ve got.”

(Staff Focus Group)

It was argued that, with time, the environment in which we work frequently becomes a taken-for-granted backdrop that we stop noticing. Making time to purposefully consider service users’ experiences of the physical space was perceived to have brought ‘massive learning’ for all involved, with the benefits of walkthroughs cascaded throughout the SA. While appreciating that a building will ‘never be enough on its own’, the reflective discussions elicited by such walkthroughs was reported to have led to renewed appreciation of how seemingly ‘small and insignificant’ aspects of the environment ‘really matter’, with an enhanced appreciation of service user experience described:

“There’s been lots and lots of learning from that and lots of development, and although it might seem as if that’s small and insignificant to some people, I don’t think it is. I think it’s massive.... We knew that the physical environment was important. The pilot study showed us that we needed to pay a lot more attention to that... small things, you know, but small things really matter... And it’s never going to be enough on its own, don’t get me wrong, I get that all of this other stuff has to go around it, but even with that,... involving [staff] in these reflective spaces and reflective discussions to say ‘let’s look at how this might be from the minute that somebody has referred to your service, you know, how does that happen? what happens? how might that feel for somebody? how might that feel for somebody who has just fled, you know, had to flee their home country or... you know whatever their kind of trauma sort of history is or how they’ve arrived at

that service and things. So staff are having the opportunity and the space and the support to consider those things a little bit more than they had done previously, and I think that’s having a massive impact.”

(Senior Management Focus Group)

These sentiments were echoed by the staff of Thorndale PS. They described the new trauma-informed building as ‘a paradise’, where *thoughtful attention to ‘tiny things’* helped to engender ‘a positive environment’ for both staff and service users:

“The new building as well... It is like a paradise, and everything about it is perfect. It smells good. There’s always like fresh flowers... there’s colour everywhere. Everyone’s always smiling. It just... you don’t like realise how much the small things, like the little tiny things, the thoughtful details, mean to not only staff, but to service users as well. So I think this, like our surroundings, have a lot to do with like the positive environment.”

(Staff Focus Group)

Staff emphasised the process of meaningful involvement in the design of the building, which had been central to its success. They spoke of how, as a team, they had felt ‘so included and consulted and involved at every step of the way’, from choosing colours, purchasing furnishings to naming rooms:

“We felt so included and consulted and involved at every step of the way... right from the very beginning.... it was things like choosing the colour of paint. Yeah, you know, we love shades. We went shopping together... We just imagined what our rooms are going to be like... (...) yeah, for me, that definitely was a real biggie.”

(Staff Focus Group)

Stories were also shared of how the children had been involved creating mosaics in the play area:

“I also love the story about the kids doing the mosaics, breaking the plates and stuff. I don’t know why it always makes me smile.... So there’s wee like stations outside in the [play area], the kids got their wee goggles and stuff and they broke these plates to make the mosaics for like wee seats and stuff. It’s absolutely gorgeous. (...) it makes me so proud of the service.”

(Staff Focus Group)

Echoing the NI Service manager's concern, participants in the staff focus group expressed caution that the refurbished building itself could be put forward as an end in itself, 'the crowning glory', without understanding the 'long journey', team involvement and relationships that made it happen and make it work:

"Specifically looking at Thorndale... they're amazing at relationships. So, of course the building looks outstanding... it's absolutely terrific. But see if we don't get the relationships right, that doesn't make any odds. I've been in some lovely buildings where people are being treated really, really badly, so although the physical environment is amazing, which it is, and it's probably the crowning glory for the Salvation Army, that would all be lost if you didn't have that staff team and the relationships."

(Staff Focus Group)

"I think the building can be misconceived. So what I mean by that, is people think... this has been in the process here a few weeks, and then they'll get this all whistles and bells building, and it's so not been the case. It's been such a long journey, you know, and it's been really, really difficult for the team. It's been really, really hard, but so, in a sense, the building can be misconceived because people think, oh, that's absolutely brilliant. But there's been, ... even internally within the organisation... a lack of understanding of the journey."

(Staff Focus Group)

However, these reservations aside, the process of involving staff and service users in purposefully reviewing the physical environment from a trauma-informed perspective was described as an 'an easy starting point' for projects embarking on their TIA implementation journey. With Thorndale seen as a 'blueprint', it was reported that the walkthrough and reflection process was being used across projects and regions with favorable effect. Thus, these local developments were reported to have an impact at the national level, eliciting Head Office consideration of all their buildings, including how to embed trauma-informed principles as an essential design concept in all new builds. This was reported as an ongoing development:

"So within research and development... the team that go in and support the local expressions of the Salvation Army to think about their buildings... they've been doing work in the last year looking at what does it mean to have a trauma informed environment, and they're trying to build that into their design principles... So the person that's been given the responsibility to understand what this means has been in contact with [Thorndale]. They've had some conversations with architects ... when we're building, starting to think about this. What does it look like? So are our buildings like this across the board? Absolutely not. Are we trying to start to consider how when we create new buildings, we need to have this as a design concept? Yes. And that's for our churches as well as our centres where we provide social services effectively."

(Senior Management Focus Group)

Collaboration with external organisations

was also an area positively impacted by TIA implementation. The NI Service Manager spoke of how the relationships had been developed with different agencies over many years. These were described as having been significantly enhanced since they started their trauma informed journey, with their service and 'expertise' now being explicitly requested by the courts. This was, in turn, thought to bring benefits for families:

"Locally here... in the parenting service, we always have had quite positive... connections with... external agencies, statutory providers and..., the judiciary and things like that. That has grown over the years, and it grows through relationships and... involvement and professionalism and reputation.... But... the trauma informed journey and development has clearly further massively enhanced those connections and relationships, and it's being recognised more and more... and, that in turn then, is having a much better impact on families because, you know, maybe, where it's not the Trust Care Plan to return children or something, Independent Advocates, Barristers, you know, the Children's Court Guardians... are now all going to the court to say, hold on a minute here, this family, I think, would benefit from the trauma informed approach that the Salvation Army are taking. (...) and the direction of the court is that... a holistic trauma informed

approach, is required with this family and they are asking for the Salvation Army to undertake that service rather than the statutory family centre, because of our development and our expertise.”

(Senior Management Focus Group)

Implementing a trauma informed approach was therefore seen to have a ‘ripple effect’, as more people became aware of what it looked like and what it could offer. For organisations, such as Thorndale PS in the voluntary sector, commissioned by statutory services, this acknowledgement of their expertise was seen to alter the power dynamics with the local HSC Trust strengthening cross-sectoral relationships:

“It definitely is that ripple effect, (...) the more that people hear [about a trauma informed approach] and see it and learn about it... and have experience of it (...) Not only is it improving the quality of care and outcomes for the service users, but it is improving those relationships and connections as well. We’re now probably able to be stronger with the statutory referring teams than we were previously. They used to just think ‘we’re paying your contract, we’re the ones commissioning you’ (...), whereas they are now coming seeking our advice, because we’re seen to be the people with more knowledge about the benefits of this approach. So I do think it is influencing, relationships and ... cross-sector collaboration as well.”

(Senior Management Focus Group)

Progress monitoring and evaluation was identified as an area where significant progress had been made at both local and wider national levels. The local TIA pilot at Thorndale was reported to have engendered a revitalised focus on bringing the abstract terminology used in over-arching policies and strategies to life in more concrete ways. From there, it became possible to explicitly consider what difference TIA implementation was aiming to make for service users as well as staff, and how any impact might be measured. From these beginnings in the local project, it was anticipated that these processes could then be implemented in other SA contexts:

“So, I think that the pilot project and then all of the work that we’ve really done from that has helped us ... just not to use the terminology and put concepts into strategies... but really do a deep dive around what does that actually mean? How are we going to know whether that’s happening? Who’s going to be any better off? How are we going to know that? How are we going to measure it? And you know, what are some of the intended kind of outcomes?... And that’s what we did at a very small local level. And then looking at how can we transfer that bigger and better, and higher and stuff.”

(Senior Management Focus Group)

Assessing TIA intended outcomes and the specific benefits for the people using the service and the workforce was understood as being important in moving beyond ‘good intentions’ and ‘niceties’ toward a stance that fully understands the principled rationale behind the change initiative and its implications:

“The Salvation Army has... always been well intended and they always try to do well... but... sometimes it’s just not enough... this process I think has started a momentum of... is what we’re talking about enough. What impact is it having? Why do we need to do that? You know, even all of this stuff around, wellbeing for staff, you know, looking at staff wellbeing, creating an enabling and flourishing environments and stuff. That’s all very well and good, but actually, what difference is that going to make? And why do we need to do that?... Not just that we want to provide nice environments for staff to work in..., but that deeper sort of approach around, what happens if we don’t? and what impact does that have on the workforce? and on the people that we’re... supporting and things? And for me, that’s the difference that we have now, moving forward, that it’s not just all these well-intended, you know, ideas and concepts and things around creating niceties for people, but actually really... understanding the why.”

(Senior Management Focus Group)

However, a range of difficulties in designing and implementing TIA progress monitoring strategies were expressed in the senior management focus group. For example, the pandemic was thought to have limited opportunities for assessing impact on service users, with under-staffed services attempting to 'simply get by' and 'keep people safe':

"I think measuring the impact on people in receipt of services over the last couple of years, it's just been difficult... coming out of the pandemic, you were on a bit of a kind of skeleton staff situation... Sometimes you were simply getting by, you know you were trying to keep people safe and keep people in work."

(Senior Management Focus Group)

The relational nature of some TIA outcomes was also reported as potentially difficult to measure by standard output metrics, prompting people to think differently about outcomes and outcomes measurement:

"... the more abstract outcomes... people are starting to think about outcomes differently and starting to really question 'hang on a minute, when we do this work, what would actually be the outcomes that we would want to see? or that we would expect to see?'. Whereas before, it was, how many people have moved in? How many people have moved out? How long did they stay? You know what I mean, the very outputty kind of metrics, whereas now, we're thinking about outcomes in a really, really different way and not... understanding the difference, that's an output. We're not an industry... this is a relational dynamic that's going on here, so how do you measure the impact of that?"

(Senior Management Focus Group)

However, in spite of these challenges, work appeared to be underway at the organisational level to find ways to evaluate the impact of the 'Valuing People Strategy' by reviewing staff metrics such as grievances, attrition, and retention and undertaking staff surveys in relation to wellbeing, organisational engagement and job satisfaction:

"From an organisational perspective... the evaluation of this has been wrapped around the work that's happening within the 'valuing people' [policy] work... of which trauma informed practice is obviously a central thing... So we're obviously looking at the standard type metrics that you'd look at in terms of... attrition, trying to understand why that's so high, you know, the grievances, the retention and all those kind of standard things."

(Senior Management Focus Group)

Satisfaction surveys had also been conducted with service users. While results tended to be positive, concern was expressed at how trustworthy such surveys can be, given inevitable power differentials, prompting efforts to consider alternative approaches:

"There have been, over the last couple of years, a lot of satisfaction surveys and stuff like that done with frontline service users, which come back very positively. It's really hard to tell how genuine that is because when you ask somebody who... to a degree, you're in control of whether they stay in a service or not, are they going to say bad things necessarily? I don't know, but I think we're starting to understand, hang on a minute, we probably need to do this in a different way as well, and actually understand the experience of people."

(Senior Management Focus Group)

While evaluation work was underway, with some baselines established, it was acknowledged that, as yet, there was no 'clear framework' to adequately capture or measure the organisational cultural change elicited via the 'upwards and downwards and across-ways approach' of TIA implementation:

"So we have some sort of baselining markers, but I would say that we don't have a... to date, a clear framework for how we're going to do this. It's very much being considered, but it will be considered as part of the broader work that's happening... from a cultural change perspective... that's so significant to our organisation that's allowing this... kind of to happen more successfully, and that's very difficult to measure."

(Senior Management Focus Group)

However, work was reported to be currently happening at the local project level to advance development of such a framework. At the new early intervention project 'the Bridge', staff have been working with the central SA R&D team and an impact measurement specialist to develop a set of impact measurement tools to capture parental wellbeing, strengths and struggles at the point of service entry and exit. These would be combined with practitioners' views of change and importantly the 'family voice' to consider people's personal assessment of what difference/if any has been made and their experience of the service:

"... in the new strand of the service here, the Bridge, which is the early intervention service... for families in partnership with the [HSC] Trust, we have been really looking at outcomes and impact measurement. So we've been working with [the SA R&D] team and the impact measurement specialist (...) So we're looking at parental wellbeing whenever they first come in, we're looking at what are the issues that they're struggling with... you know, parental strengths and struggles. (...) So we're taking a measurement of that when they first start with us, and then again when they leave. Now, the overall outcome of that is a three pronged thing. It's based on [the impact measurement tools], but it's also based on the on the practitioner's ... analysis of... how things were with this family when they first arrived with us? how are they now? What has been done? What was the impact of that? You know what's different? And..., where are we sitting at now? and what has made that difference? So the professional or the practitioners' view, the impact measurement tools, and then the family voice. So for them, what's different (if it is different), what was different? What was it about here? What was it about the service that meant that things were different for you? or that you were able to access the support or, you know, receive it in a different way, or benefit from it and whatever."

(Senior Management Focus Group)

Staff also spoke of the importance of service user feedback collected through satisfaction surveys and regular interviews with service users by a representative of the RQIA. Staff also described a box and 'comment tree' at the service entrance with messages from service users. Reading some 'lovely messages there' were reported to help staff when they had a 'bad day':

"We also have a box out the front as well and we have a little tree... a wee comment tree with little hearts on it and the people can write messages. There's some lovely messages. We read them. Sometimes you have a bad day as well, it's nice just to refresh your memory and remember why you're doing it, but yeah, there's some lovely messages on there."

(Staff Focus Group)

2.2.4 Workforce development and support

In relation to **workforce development**, senior managers reported a number of significant changes to routine SA training delivery modes across the UK and Ireland which had emerged through TIA implementation efforts. These included the incorporation of the trauma-informed inquiry approach into all training delivery. This meant that training was no longer considered a one-off, primarily didactic event with large amounts of information delivered to the audience:

"So I think a lot of the work around harm reduction, where it was going around and doing a lot of training around trauma. In hindsight, it was done in a really, really bad way, because you would just be going into services, training the whole load of people really passionately - going over there, doing over there, going over there, doing over there, and you were just hoping your cheering enthusiasm would make it stick. And I think in some places it kind of did, but now... they're training in a really different way."

(Senior Management Focus Group)

Instead, *training delivery was reconceptualised as a form of 'facilitation'*, where participants were invited to actively engage with the material, with opportunities for follow-up built in to progress discussion and understanding:

"I'd say it's more kind of that facilitation... So, rather than going in and throwing a load of information about trauma or ACEs or attachment, it's going in and talking about it, and then going back and having another space to talk about, and going back again to happen. So they've really taken on that kind of trauma informed inquiry approach to... this is an ongoing conversation and this may never end."

(Senior Management Focus Group)

In these ways, it was thought that practitioners were better able to voice their concerns over some TIA core messages regarding sharing power with service-users. Staff perceptions about a lack of attention to their safety and wellbeing could also be discussed and addressed in the reflective conversations. As a result, senior leaders got to understand staff fears and were able to engage practitioners with the proposed changes at a 'very deep level', thus overcoming any latent hostility and providing a real opportunity to embed practice change:

"And as a result, we're seeing, certainly within services, a lot of people... connecting with it at a very, very deep level, where you used to get the hostility or 'we're not doing this because all of the service users will have complete control over us', we're able to sit there and say 'why does that frighten you?... why is that so scary? and why is this a conversation about control? Like should we be having a different conversation?' And because you're able to work with people very slowly, there's a real organisational understanding that if you don't feel safe, you're not going to move anywhere, and that safety applies to staff just as much as it applies to the service user. So that's really good. So I think we do [training] in a different way."

(Senior Management Focus Group)

In addition to embedding this more reflective and facilitative form of routine training delivery at a national level, the move toward using online platforms, elicited during the COVID pandemic, to

facilitate '*online communities of practice*' was perceived to promote shared learning across sites and regions:

"We're bringing these communities of practice together online, in terms of Family Services and training people up in child sexual exploitation and, you know, and then they're providing the lead and the guidance for other people in different countries."

(Senior Management Focus Group)

Together, these changes were thought to have engendered a significant 'cultural shift' in how training is delivered across the national organisation. Training was described as more 'agile', in terms of the use of online platforms to facilitate greater participation, maximise cross-site engagement and learning, and also speed up training delivery. However, the type of trauma-informed inquiry facilitation with the emphasis on participant response and reflection was also noted as slowing the process, with better tailoring to the specific context and opportunities to address staff perspectives. In these ways, it was considered more likely that the key messages would be fully grasped and learning embedded:

"One of the other things that we've got, which has come again out of the kind of the shift into more digital ways of working, there's far more communities online than they ever used to be. So in the organisation, historically, there was always this we had to work face-to-face, and therefore everything slowed down, and conversation slowed down, and you would have somebody working in Skegness who wouldn't even know about [Thorndale] service. Now we can have communities of practice online, where loads of people coming in are having conversations about the work, how it makes them feel. That's echoed in the wellbeing spaces. That's echoed in the way that we train, so this kind of cultural shift around let's do this slowly. Let's think about how this feels as we go along. I think that's probably one of the biggest shifts that I've seen. We work in a different way than we used to, and that's at all different levels."

(Senior Management Focus Group)

At the local level, another change of note in the delivery of training was the *inclusion of personal testimonies from service users* who had been through the service at Thorndale. This was reported to be ‘so powerful’, enhancing training provision:

“One of the things that’s really enhanced... our training programme... (...) people who have been in the parent assessment team coming back and giving personal testimonies, which is just so powerful. Sometimes there’s not like a dry eye in the house. (...) you know, when all the odds were stacked against them and they come through it. So the personal testimonies have absolutely been fantastic also. Well, actually it wasn’t part of the training. But it’s become part of the training (...) we’ll reach out to some of the people that have been through this service and that more than happy to come back and share those personal statements.”

(Staff Focus Group)

In terms of *training curriculum content*, staff and service managers spoke of delivering training on harm reduction, ACEs, attachment, trauma, suicide and self-harm, amongst other topics, tailored to particular services. Coaching for managers during the COVID pandemic was also noted as a training priority. The NI Thorndale staff reported that they had recently received the ‘Think Family Model’ delivered by the service manager. In terms of leadership training, SBNI ‘Be the Change’ Leadership training programme was noted to have been influential in helping the NI Service Manager plan for TIA implementation.

Senior management focus group participants highlighted the very significant organisational shift toward recognising and addressing **workforce support and wellbeing**. This shift emerged through the impact of the COVID pandemic and lockdown, and happened to align with the local TIA implementation pilot in NI, to bring new organisational learning both locally and nationally. Over the pandemic, participants noted how the organisation as a whole became more acutely aware of its staff and their wellbeing as critical factors, with refreshed efforts to look at workforce support:

“I think some of this as well is about timing,.. sometimes things kind of just align. (...) we were doing this pilot study and the report, and we had COVID, and as part of the process through COVID, the organisation became a bit more aware of its staff... and staff wellbeing and what did that look like and how could we support our staff better.”

(Senior Management Focus Group)

At a national level, the COVID pandemic was thought to have brought greater recognition to staff as the organisation’s ‘magic wand’ or ‘most valuable resource’, without whom the work with service users could not occur. Given the many challenges associated with the pandemic for everyone, it became appreciated that staff were ‘fragile’ also and could not be taken for granted, thus bringing attention to how the organisation could offer support:

“... maybe that space in time where people start to ask during COVID... The people started to reflect on how staff were feeling and the wellbeing of staff. Maybe it became really, really blatantly obvious that your resource... (...) it’s your staff is your magic wand, it’s the conversations they have, and if you’re not looking after them, they’re not going to be able to do that work that we sometimes take for granted, so maybe that space all of a sudden was a ‘hang on a minute, the thing that we’ve just relied on that we thought was always going to be there, is suddenly a little bit more fragile than it used to be’.”

(Senior Management Focus Group)

Over this period, an additional organisational change was observed in how the organisation responds to crisis. While previously, crisis response (to both service users and staff) may have been limited to short-term practical support such as ‘bacon sandwiches and a cup of tea’, this was recognised as no longer fit for purpose in situations where a longer-term focus on emotional wellbeing was required:

“... the organisation is very paternalistic (...) we can practically help, but it wasn’t just about making a cup of tea out of a van anymore for people, [it was] who was actually looking after the wellbeing of them emotionally. So there was a change in what a crisis organisation can do. Crisis is not just giving bacon sandwiches and a cup of tea. Crisis is actually looking out for the wellbeing of people.”

(Senior Management Focus Group)

This was reinforced through the local staff consultations in NI as part of the TIA pilot. The local senior manager noted, from a staff perspective, how the organisation tended to respond to crises in one of two ways – either to ‘rush in’ and offer ‘rescue’, or to ‘blame’ and seek punitive redress perhaps too quickly via disciplinary or capability procedures:

“Yeah. And that’s what the staff were feeding back... in the focus groups in the pilot study to say ‘we don’t need the organisation to race in on a white stallion, you know, whenever things go wrong or crisis kind of happens and rescue us’... either that rescue being done in a very compassionate way or in a very blaming way, in terms of something has gone wrong, you haven’t managed that very well. You’re clearly not managing your role very well. Therefore, you need additional organisational supports. So you need to be referred to wherever (...) or you know, ... in a more punitive level, you know, then disciplinary procedures start or capability or something like that.”

(Senior Management Focus Group)

Rather than short-term ‘pastoral’ support at times of crisis, in the TIA pilot staff consultations, it was found that staff expressed their *need for ongoing support* for the complex and stressful work they were undertaking on a daily basis. Given the heightened vulnerability of many client groups in local SA services, there were frequent incidents involving serious harm and fatalities. In such circumstances, staff reported their need for ‘skills’, ‘resources’ and ‘strategies’ to help them ‘manage this complexity of work’ and stay well themselves, in order to be able to offer that support to service users:

“What staff were saying was... because we were working with staff from [another local SA project] and obviously there were lots of... really, really serious incidents and fatalities and things... they were saying ‘we don’t need people to just come in at those times and provide tea or hugs or, you know, pastoral support or whatever, we need this all the time. We need this support... We need to be provided with the skills and the resources and... the strategies and... in order to enable us and help us manage this complexity of work that we’re doing every day, and actually to keep us well and to keep the service well and to keep the... the families or the service users well, we need that support on an ongoing basis, really, really seriously looking at our wellbeing, not just looking at staff wellbeing whenever your wellbeing’s compromised or whenever you’re struggling, you know it should actually be a much more sort of holistic thing.’ And that’s what I suppose we’ve done here on the more local level.

(Senior Management Focus Group)

From these beginnings, the local NI senior manager spoke of her desire to create a *more ‘compassionate, enabling and supportive’ work culture* where staff could be resourced with the skills, training and ‘spaces for reflection’ to enable them to be in a position to offer such support to the people using the service:

“We’ve looked at how do we create a place and space which hopefully enables people to feel like that all of the time. I know that’s a bit idealistic. There’s obviously going to be, you know, bumps in the road and good days and bad days and stuff. But (...) how do we support our greatest resource within the organisation? Because if we don’t have the staff team, we don’t have anything. And if we don’t have them well, and if we don’t have them resourced and trained and skilled and, you know, spaces for reflection and not just here’s your job, get on with that and if you don’t do it well, we’re going to come and speak to you about it... how do we do that in a much more trauma informed, you know, compassionate, enabling, supportive way. And then if we do that, what might happen? You know what might happen for that staff team? and what might happen for the people that we’re serving and supporting? And so how does everybody experience that in a slightly different way?”

(Senior Management Focus Group)

The setting up of an *online interdisciplinary wellbeing group* made up of senior participants across the national organisation toward the start of the COVID pandemic was noted by the senior managers focus group as an important initiative. This spontaneous online response became an important vehicle that helped consolidate organisational commitment to staff wellbeing and also TIA implementation, as it helped move TIA beyond 'just words' to how it could be 'lived out' at a time of crisis:

“And so we set up a Wellbeing for All steering group, ... it was an interdisciplinary group which kind of just randomly came together with no constitution... with no terms of reference. But it was because, at the very start [of the pandemic]... people were concerned about what was happening to frontline staff and how they were coping through COVID, and on the back of that, having then the [TIA] report and the pilot [in NI] around the trauma informed work and some of that learning and the links to Enabled Environments (...) the report resonated with what was kind of going on here. So these individuals suddenly became more focused... more aware of what it meant to be trauma informed and why it was so important to the organisation, that we kind of started to really think about how can we make this not just words but actually live this out.... I don't know, if all these things hadn't happened, we would... we're not anywhere near, but... this kind of gave us this momentum that has enabled us to take this on more intentionally.”

(Senior Management Focus Group)

One national initiative which emerged from this was the creation of *virtual wellbeing spaces*. These were initiated during the COVID pandemic as a means to offer all SA staff support with the enormous challenges occurring over this period, such as lockdowns, furlough and working from home. These virtual spaces or meetings were described as offering 'facilitated safe' spaces for staff to have conversations with each other – at a time of disconnect. Importantly, they were not intended as spaces to find 'solutions' to problems, but rather as an opportunity for staff to reflect upon any challenges they were facing with their peers and colleagues. While each group created an initial contract with each other, these groups were described as having 'no fixed agenda' and no feedback mechanism to the wider organisation. Initial themes which emerged

were directly related to staff members' COVID experiences, such as returning from furlough or working from home. Importantly, there was an understanding that, while there would be commonality represented amongst participants, there would also be difference with, for example, some people welcoming working from home, while others finding it very challenging (e.g., due to living in small bedsits, or with partners and caring responsibilities).

The groups were small, consisting of no more than five or six people, from across the whole of the UK and Ireland organisation, who self-selected to 'drop in'. They were facilitated by staff members who had received bespoke training to do so, with the organisation having taken external advice at set up. Staff could take part in six sessions, increasing to up to 12 sessions. It was noted that these groups were very well received by staff, building up 'internal support systems across the organisation'. On occasion, the external facilitator was reported to 'step back' with participants self-selecting to continue to meet independently. While these virtual wellbeing spaces had continued beyond the COVID era, they were reported to have become organised around specific themes in more recent times, e.g., menopause.

Building on this development, senior management focus group participants spoke of the more recent establishment of *racial inclusion spaces* with the longer-term aim to expand and create other 'safe spaces' for staff members with different protected characteristics. These spaces were reported to be managed slightly differently from the original wellbeing spaces. While a clear contract would still be established, there was an expressed purpose for these group conversations to provide some feedback to the wider organisation, with the noted intention that 'there are things that the organisation needs to hear' in order to improve the experience of both staff and service users from different minority groups. The development of these more targeted virtual spaces was reported by senior manager participants as an important ongoing development, which had helped open up new, and sometimes uncomfortable, conversations with the leadership of the SA UK and Ireland about gender, sexuality and race:

“The other thing... that we’re doing, which is... in parallel to that, is we’ve created ... racial inclusion spaces, and we’re trying to look at how we can develop other ones around for different protected characteristics. You can imagine that for us as an organisation, it’s a bit complicated as well, as we navigate that. But the idea is that these places can be for people to come. They’re managed slightly differently because sometimes in those spaces, there are things the organisation needs to hear, and so the way that we contract with those individuals is slightly differently. But again, it’s an intention, and it isn’t always comfortable for anyone and for the organisation to hear some of these things that come out of these spaces as well. But we are trying, we’re trying to grow into that, and develop that work a bit more.”

(Senior Management Focus Group)

The focus group with Thorndale staff members helped elucidate how these national developments came together in a local context and what a ‘compassionate, enabling and supportive’ work culture looked like in practice. It was of note that two of the participants in the focus group were relatively new to the project and the SA, while two others had been there for many years and had worked through the COVID pandemic and at the initiation of the TIA pilot.

As well as the meaningful involvement of staff in TIA developments (e.g., the building refurbishment), *good communication between staff was seen as central to developing a supportive work culture* at Thorndale. In addition to handovers, supervision and regular team meetings, participants spoke positively about the ‘open door’ policy to the team manager and colleagues, where they could discuss anything within outside of the more formal structures:

“We operate an open-door policy, you know, we’re not afraid to sort of approach each other and offload or ask opinion or whatever, you know what I mean, outside of the handovers, more formal meetings, you know, so we’re pretty much always kept up to date. And the other thing is we all know each other intimately, for want of a better word. We know how each other thinks and yeah, and stuff like that, which again works well.”

(Staff Focus Group)

Reflective practice was reported as an important aspect to Thorndale’s workforce development and support processes. While the structured reflective practice with an external facilitator was not reported as particularly useful by one participant, it was noted that it had generated discussion, and staff reported that they were continuously reflecting on their cases on an informal basis with colleagues:

“We had very structured reflective practice. We had an external facilitator for that. It worked OK... I don’t know... we felt that we weren’t getting a whole lot of that, but... it did generate discussion after the reflective practice session... so we did get a benefit out of it, but we talk about our cases hourly, you know, it’s constant state of reflection... You know, like... ‘oh this just happened. So what do you think about that? Well, let’s think about it this way. Maybe it could be that’. And it’s just having that collective discussion with each other.”

(Staff Focus Group)

Participants stressed the importance of *team relationships*, describing how they knew each other ‘intimately’, crying together, and laughing together to get them through difficult times. To emphasise this closeness, the team was variously described as ‘close-knit’ and ‘my work family’:

“We read body language easily. If I walk into a room, if I know [name] has had a difficult day, I’ll know,... just by looking at [name]... I’ll know by how they maybe talk, their tone of voice changes because this is a residential setting, we are with each other 8 hours a day. So... this is my work family, you know what I mean, (...) like we are a very close-knit team and we know when we’re having those bad days, you know, we look after each other. So it’s extra cups of tea, an extra hug and cried together, if we need to cry,... laugh if we need to laugh.”

(Staff Focus Group)

Reflecting on before and after TIA implementation, staff members described a *flattening of organisational hierarchies* between support workers and social workers with the creation of one team as opposed to two, with everyone’s opinion and experience valued:

“I actually think now, from we’ve become more trauma informed, that we are seen as one team, and not two separate things. Whereas before, it would been support staff and social work, and it might have been support staff versus social worker almost, whereas it’s not like that now, do you know what I mean.”

(Staff Focus Group)

A strength of the Thorndale team, noted by the regional trainer, was the ‘different backgrounds and experiences’ that staff members brought to their work with vulnerable service users, enhancing the service:

“You’ve also got a brilliant balance in your team. You know really, like, people with very different backgrounds and experiences and stuff, which really enhances the service.”

(Staff Focus Group)

Participants also noted their willingness to draw on *their own lived experience* of challenging issues to help orientate to their service users’ struggles:

“... the obstacles that [our service users] overcome as well are like really common things that happen in life, like domestic violence um, you know, drug use, alcohol use. I would say probably everyone [in team] has some kind of first-hand experience with stuff like that in their everyday lives, whether it’s parents, partners, children, friends, extended family. So yeah, I think like sometimes you’d be supporting someone, and kind of be able to draw from your own experience.”

(Staff Focus Group)

The focus group participant who delivers training to SA services across the UK and Ireland noted how ‘unique’ the *staff induction process* was at Thorndale. While the induction included the usual three-day staff training on harm reduction, ACEs, attachment, trauma, suicide and self-harm, it was the focus on investing in staff that was reported to set it apart:

“[In Thorndale] how they induct people into the service is totally unique to any other service... So that’s right, across the UK and Ireland and it’s a very unique service. (...) the staff have got very comprehensive induction process and (...) policies are really really good. But you know it’s about that relationship. So when everybody comes in, that’s the first thing that is fostered is a relationship. They are primarily invested in staff. (...)”

(Staff Focus Group)

2.2.5 Service Design and Delivery

Changes to service design and delivery were reported as a result of TIA implementation at both local and national levels. These included: 1) enhanced service user engagement (e.g., adaptation of admission and assessment processes); 2) greater attention to service users’ trauma history and intentional efforts not to retraumatise; and 3) improved quality of service delivered, with value given to connecting with service users in meaningful ways, tailoring and adapting service provision to better meet their needs. In addition, at the national level, senior managers reported a shift toward smaller residential facilities as a result of service user and staff consultation.

Enhanced engagement with service users (and indeed with staff) was a key target of TIA implementation, highlighted by both staff and senior managers across the local and national organisation. It was thought if this ‘welcome’ was enhanced, many other aspects of service provision would also ‘blossom’:

“Our welcome needs work...[a key finding from the TIP pilot] and that’s something that I think could be applicable across service delivery and the wider organisation... if we got that right, you know, so much of what we do would just blossom.”

(Senior Management Focus Group)

Staff at both Thorndale PS and the Bridge early intervention service identified a wide range of ways in which they had sought to enhance their 'welcome'. They emphasised that many parents referred to the residential parenting service by Social Services often came with great mistrust of services. To address this, practitioners were encouraged to explicitly seek to understand parents' prior service experiences, so they could adapt their practice accordingly and better meet the client's needs. This was reported as making a 'massive difference' to families, who had indicated that this was their first experience of a service seeking to adapt to them, rather than expecting them to adjust to the service:

"So we're... just helping families look at... 'if you've been hurt or harmed previously by the system, then we need to understand that a little bit and then we're going to start at a different place... so that's a different experience for you... (...) Let's talk about that first, so that we've got a better understanding... so then we can, you know, make sure that our... response... is very different' and that is having a massive difference on the families, because they are saying for the very, very first time people are asking them, 'why is this not working for you? or how is this experienced by you? And in order for this to be different for you, what do we need to do differently?' Not what you need to do differently."

(Senior Management Focus Group)

Staff were acutely aware that there was a lot at stake for parents when they entered Thorndale PS, with the possibility that their children may be removed from their care. Focus group participants noted how they sought to attend to how parents 'feel' when they enter the building. Efforts were extended to ensure service users could see that they were 'genuine' and transparent' by their actions, moving beyond more obscure words such as 'person-centred' or 'trauma-informed':

"I think for me it's always 'how does it make a person feel?' So you can have as many posters up on the wall saying that... we're inclusive in this area, in that area, but see for the people, if they don't feel it coming into our service, it's meaningless, you know, and you can say we're person-centred and stuff like that, but see unless you are doing that, for me,

it's meaningless, (...) like being genuine with people,... you know being transparent when they come into the service, telling them, you know, that it's a service where..., people are at risk of losing their kids. But if you're genuine and you're transparent, you know, it adds weight to all those conversations. (...) So if we are saying we're person centred, if we're saying, ... we're trauma informed, how does that translate to that person walking into our building?"

(Staff Focus Group)

Focus group participants spoke about how they adjusted the admission process to the residential service to take account of parental fears, even when not explicitly stated. They were cognisant of service users' trauma histories, even when details might not have been fully known, and that they had been mandated by the court to attend the service. Efforts were taken to avoid retraumatisation by taking time to complete the full admission process:

"There are policies and procedures with the Salvation Army, technically we should have certain things done within a 24-hour period... but we will do the very important documentation within that time, so like... they have to sign a license agreement (...) So things around sort of health and safety and the legality of things, we would do that first and then we would leave it over... we would maybe carry it out over a week and take like a full week to do an intake, rather than it needs to be done in an hour and get it all done in one go. It's just too much.... There's a lot at stake for [service users] while they're here, and it's just about recognising that and understanding that.... So the majority of families have not chosen to be here. They've been directed by a judge or by Social Services. They're already... they're already losing that agency, that power, and you know that control over their own lives. So we don't want to do that."

(Staff Focus Group)

Understanding of service users' trauma history was reported as important while recognising that such histories had not always been responded to sensitively by other services:

"There was no consideration, given the trauma that went on in [the parent's] life, you know (...) it was a baby died in here... and the mother was told two weeks later to pull her socks up... To pull her socks up and take care, which I remember thinking as a mother, horrendous, horrendous. But I had no power, you know, at the end to stand up."

(Staff Focus Group)

Staff members spoke of taking a 'gentle approach', offering parents 'lots of reassurance' at the outset. They described seeking to get to know parents first by 'just chatting', building some trust and relational safety, before seeking to talk about more difficult matters:

"And I suppose people that's coming in through these doors are already very, very traumatised for whatever reasons or whatever's going on in their life. They're more traumatised by coming here. So it's about trying to take a bit of a gentle approach, and get them to settle down. (...) Yeah, cup of tea, just sit and chat. Maybe just chat, trying to capture what they're interested in and chat about that (...), instead of getting into the nitty gritty straight away, offering them lots and lots of reassurance is what I would do. Tell them that I'm here to work for them... I'll go into the whole evidence gathering thing that you know... the more evidence that we see, the more we can pass on, you know, our job is to get them home, but they need to work with us."

(Staff Focus Group)

By altering the pace of admission and building relationships, staff members sought to avoid creating a 'cold clinical environment', where parents would not be able to demonstrate their parenting ability:

"Yeah, because we want to replicate home in this residential unit, you know, we want to replicate how life would be like for them at home in the community, ... so that we can get an understanding of their parenting ability within that environment. So if it's, if we create a false environment... then they're not going to be as relaxed, and we're not going to see their true capability."

(Staff Focus Group)

Such engagement efforts were echoed by the day services offered by Thorndale and the Bridge. Staff described working to attune to the service user experience and possible fears, sending a text message to referred families as a means of introduction before calling to explain the service offer:

"Every time before the first session with a client,... I'm sitting with myself and I'm thinking like how I would like to be treated, how I would like to be seen, and how I would like to be listened to, so that's helped me to have a conversation with them and also understanding that... they will have to talk to ... someone who never was in their life never before, you know. So what we try to do in the Bridge,... before that phone call and to say, oh, 'hello, we are calling from the Bridge, the family centre, and you've been referred by Social Services', so we create like a wee small text message. So we would send that small text message before our phone call to be more familiar for families (...) alright, this is [name of worker], from the family centre, what is she able to offer me? You know what I mean? So I think that helps."

(Staff Focus Group)

Service managers described how **enhanced support offered to service users** involved a move away from a 'pity-focused' model of practice toward an empowerment approach. This was understood as an approach that took into account the long-term impact of trauma on people's difficulties and presentations, seeking to 'listen to people' more, rather than only offering short-term solutions:

“It’s a bit of a shift away from pity, ‘cause the organisation I think... felt that it was very empathic and is now starting to come to terms with it was very much a pity-focused kind of model that we’ve historically used, and therefore those expressions of our work like the Food Bank... some of them are starting to work in a much better way with people, where it’s about sitting and understanding the person.”

(Senior Manager Focus Group)

This enabling approach was also reported by staff members who noted the skills required to facilitate useful conversations:

“Yeah, in terms of ... like our skills, I think it’s around our... questioning and interviewing skills, ... maybe framing a question to try and get the best response,... making sure it’s open-ended and allowing people... enabling someone to be able just to let it all out and to offload.”

(Staff Focus Group)

Staff focus group participants spoke of how they had begun to think differently about service user presenting behaviours, particularly when problematic, seeking to take a ‘step back’ and helping service users talk about what was happening for them. They noted how training with the SBNI had encouraged them to consider the service users’ presentation through a ‘trauma lens’ and seek to understand what additional needs may be being communicated:

“I think it was through that training. Remember, we looked through the trauma lens. (...) right, hold on, whenever we see someone who is maybe dysregulated, had a difficult day, we were maybe just seeing the behaviour for what it was, you know, as it stayed in front of us, without really thinking, what’s the presenting need, what are they trying to communicate to us that maybe they just can’t at the minute? And I think for us, it was around taking a step back and then actually giving them the time to talk about what’s going on there.”

(Staff Focus Group)

Being ‘attuned’ and ‘available to listen’ to service users and having the time to respond ‘in the moment’ was seen as key to building trust with service users, helping them ‘process’ challenging life experiences and engage with other services:

“I know that with a lot of services that they’re really busy, you know, people wouldn’t have time to say I’m really struggling right now. Can you speak to me for half an hour? You know, it would have to be. It would be like ‘I’m busy. I have a meeting’ or whatever... and I think just like having the availability to be able to listen to someone and be there for someone in the moment, rather than being like ‘I can come back tomorrow at half two’ or whenever I’ve got the time, you know, I think like that kind of style of dynamic working (...) we’re also able to be there and say, you know, ‘I’ve noticed you’re not at your usual form today. Is there anything you would like to talk about?’ or you know, someone is kind of a bit quiet... it’s the ability to kind of be able to listen to someone non-judgmentally, but also have the same, you know, professional support... we can listen to them, but we also have to like help them to get through that and process that, and you know, push them in the right direction towards signposting or services.”

(Staff Focus Group)

Staff reported how they sought to ‘meet people where they were at’, sometimes giving ‘extra chances’ rather than swiftly discharging following non-attendance. In these ways, staff sought to try and understand that service users may not always be ‘strong enough’ to engage, thus making intentional effort to adapt their practice in the best interests of the service user:

“I know from experience as well, whenever you get referred to counselling services via the GP or whatever, if you miss a session, you know you’ll get a letter or text saying please be aware that if you miss another session, you will be discharged, you know, so I think... it’s the fact that we have the ability to kind of give people extra chances because a lot of the time, you know, people have a bad day, you know, don’t sleep well. They wake up in the morning. They have an appointment and they want to cancel it because they’re not feeling super receptive to receive the information that day, you know, they’re having, like, a bad day. And they’re like ‘I don’t want someone to talk to me about this and I’m feeling this way’. So I think... the way that we’re able to, you know, be willing to meet people where they’re at, and make the extra bit of effort if they’re not strong enough to make the effort themselves, you know.”

(Staff Focus Group)

“We don’t expect a person to change for us. We need to change ourselves to that person. We need to adapt to each individual person, because they are unique, and not expect them to conform to us.”

(Staff Focus Group)

‘Small’ details were perceived as important to service users. For example, staff noted how they ‘don’t give up’ if people fail to attend, instead they sent appointment reminders, and did check-in calls if they were aware someone had a ‘difficult week’:

“And we keep going. We keep going even after six, seven, eight times of not turning up. We will continue to offer (...) We don’t give up. We’re very stubborn...And then even during the week, sometimes if we learn that maybe someone struggles with remembering appointments, we would put a wee reminder in our diary to be, right. You need to text so and so the night before. Or did you just remind them that we are meeting them at 11:00 o’clock tomorrow or something like that. If we know that they had a difficult week, we would maybe give them a wee call halfway through the week to check with them over the phone... those are just small kind of details, but they do make a difference.”

(Staff Focus Group)

Speaking about the early intervention project and efforts to measure monitor progress, staff spoke of how the ‘protected time’ offered enhanced the quality of support available, allowing them to ‘dig deep’ with service users when needed:

“... I don’t think anybody has went backwards. It’s all moving forwards (...) thanks to [HSC] Trust and being able to give us that sum of money to be able to do that work, we’ve been able to have really meaningful protected time with people, so we are allocated two hours per session... with that one parent. (...) we understand that you know the Health Trust does not have that luxury of time, so having that two-hour session just really allows people to dig deep, whenever they need to, whenever they can.”

(Staff Focus Group)

Being ‘transparent’ and ‘honest’ with service users about any parenting concerns was considered by staff as central to building useful relationships. This was noted as particularly important in the context of potential child removal, given some parents’ previous experiences with Social Services where they felt the ‘goal posts’ had been changed:

“I’m just reassuring them that, you know, we’re here to do a job, but I will be honest, you know, if things are going to worry me, I’m going to talk to you about it. I’m going to be transparent about it (...) transparency, for us, that is one of the biggest things in Thorndale because families have not felt that Social Services have been transparent with them and that they would move the goal posts quite a bit. So if things are working quite well, maybe Social services didn’t expect it to go well, to them, maybe they would, all of a sudden, ‘oh, we’re concerned about this’, you know, and then the parents are like, ‘woah, this wasn’t the concern before’, and they would maybe begin to nitpick a bit,... I suppose we kind of then wrap-around the families and go ‘it’s okay, we can see what you’re doing, we can see, you know, we have the evidence around this, we could stand over that, and just kind of reassure them.”

(Staff Focus Group)

Staff described how they ensured they informed parents immediately if they had any concerns about their parenting, rather than wait until the weekly review or the end of the assessment. This was reported to be preferred and appreciated by parents:

“... but also letting them know that if it wasn’t good enough, if things were not OK, we will tell them there and then, we’re not going to wait till the weekly review. We’re not going to wait till the end of the assessment. We’re going to tell them in that moment, and they really, really, really respond to that. They prefer it, you know, they prefer it, even if it isn’t going OK, parents want to know.”

(Staff Focus Group)

This transparency, 'open and honest way of working' also extended to note taking and recording practice, as staff were supported to be 'accurate', 'clear' and concise', but also 'compassionate'. Staff members appeared to be acutely aware of the impact of their reports, and that service users may ask to see their records, sometimes many years after their time at Thorndale:

"On the... note taking and the recording also, look at me saying in the training... 'always act as if the service user is looking over your shoulder', you know, so of course it has to be detailed, it has to be accurate, but it has to be done through a compassionate lens, because at the end of the day that is someone's son and someone's daughter, somebody's granddaughter [All say - yeah] So we have to be accurate. It has to be clear and concise, but it can always be done through our compassionate lens, because that person can ask for that. And how would that person feel when they read that material?"

(Staff Focus Group)

"It's that open and honest way of working... I think there is an element of it that we are somewhat protected because we're not statutory services, but [the parents] are very aware of the impact of our final reports and our recommendations. They're aware of what could happen if we say no or yes. (...) it's about transparency and about opening up and about, you know, they've known at every step of the way what we're recording,... what we're thinking and stuff like that."

(Staff Focus Group)

Staff participants perceived their 'values' to be important in bringing empathy to their everyday contact with parents. Indeed, considered efforts were believed to be made not to judge people because of their past, but rather seek to evidence current capacity:

"I think for us we have never lost our values and I think that's why we work...I suppose empathy would be the biggest thing. Yeah, you know, and while we're talking about it, ... having a non-judgmental attitude, and we do, and we don't judge their history in the past, but we're judging people from the minute to walk through the doors, and we need to be concerned about that."

(Staff Focus Group)

A notable shift away from larger-scale residential provision to the proposed development of **smaller services and facilities** was reported by senior managers as a result of staff and service user consultation. They explained that national SA were considering their 'minimum quality footprint', i.e. the minimum standards for becoming a SA project. This was considered a 'bold move' by senior manager participants, as it involved a 'big financial investment' in both buildings and teams, with SA potentially stepping away from large-scale residential facilities, recognised as their largest income-generating activity:

"It wasn't just that they clutched... a model out of the air, or a building should look like, the whole of their strategy was based on an awful lot of conversation with service users and with staff... They've been led by feedback, so people are saying we need much smaller services, we need them to be far less intense, less warehousy with their needs. They're having a real... a genuine conversation around what does their footprint look like, so when they step into a service, if we can't do A, B and C, we don't do it. So there's almost a minimum quality footprint that we need to have this in place, otherwise this service will not have integrity and we're not doing it. Now that's a fairly bold move for an organisation that one of its biggest income areas, our local authority contracts through the homelessness services, and they're prepared now to turn around and say we're not doing that anymore... that may fundamentally overhaul all of the services they've got but they're prepared to do it.... this is going to be a big financial investment and people are not put off by it."

(Senior Management Focus Group)

2.3 Outcomes and Perceived Benefits

Participants across both focus groups identified a wide range of perceived **benefits for service users**, staff and the organisation as a whole. In relation to benefits for service users, Thorndale staff reported perceived *positive relationships with service users*. Even in the circumstances when they did not recommend a return to parental care, parents retained good relations with the staff and service. This was thought to be evidence of how they worked compassionately and openly with service users, in ways that maintained their dignity. This, in turn, was thought to lead to better outcomes for children:

“And also the other way too, you know, even if it wasn’t a good outcome for the parent, it’s still the best outcome for the child, you know that (...) they are safe, following our intervention. What’s really... blows my mind still is, even whenever we’re telling parents, you know, I’m sorry, you know, we are not recommending a return to the community, they still have a really good relationship with us. Yeah.”

(Staff Focus Group)

Staff also mentioned the wider benefits to society of the preventative and supportive nature of Thorndale’s range of services. Indeed, these were perceived as contributing to *interrupting the intergenerational cycle of children in state care and homelessness* by addressing ‘root causes’:

“I think it’s wider than individual referrals... this approach, as we sit here today, has stopped children falling into that cycle of homelessness. So this has stopped generations of future children... like instead of... pulling people out of the river, we should go upstream to see why they fall in. And I believe that’s what our service does. (...) You know, it looks at the root cause, [it has] literally stopped generations of kids who their mum’s been in the care system, their dad’s been in the care system... through that approach (...) That, you know, has totally changed life for kids in the future.”

(Staff Focus Group)

While service user satisfaction surveys were conducted with services at the local level and across the national organisation, senior managers were aware of the inherent power differentials which could make service users reluctant to give negative feedback. At Thorndale, however, staff described the many ‘lovely messages’ from service users on the comment tree and via RQIA service user interviews, which attested to how positively parents had experienced the service.

In relation to **staff outcomes or perceived benefits**, TIA implementation and particularly the commitment to staff consultation and involvement was thought by both service managers and staff to have led to *staff feeling valued* by the organisation:

“... what staff were asking for was what we’ve needed for years, and this is what we need constantly, not just in the middle of a pandemic, you know, (...) being seen and heard and valued and recognised, and the connection and the relationships and things, all of the things that staff needed and all of the things that the service users needed from staff... and those are the things that then we’ve really tried to really build in with greater intentionality.”

(Senior Management Focus Group)

Staff reported on the *positive impact on their own wellbeing and mental health*, as they argued that the local service felt like a much “more pleasant” place to work, which was thought to have a positive ripple-effect on service users also:

“I think in terms of mental health. I think it’s much more pleasant. It’s much more relaxed way of working.”

(Staff Focus Group)

“Yeah, for both. Because certainly I mean our demeanour sort of... the residents can pick up on it.”

(Staff Focus Group)

A wide range of outcomes and perceived benefits were identified at the **wider organisational level, both locally and nationally**. The TIA pilot at Thorndale was reported to have contributed to a 'very different feel' in the local service, which had in turn translated into positive outcomes for both staff and the service. *Improvements in staff morale, team relationships and communication* were perceived benefits, with reports of people 'going the extra mile' to support colleagues. The Service Manager also noted that it had become easier to get night shift covered, as staff members 'upped their game' and felt more connected to the service:

"There is just a very, very different feel... all over, you know. It has improved staff morale and the team relationships (...) The building has done a lot, but... it's the investment that went into the building and the space that I think has had the big impact on the team, you know. We were worthy enough and the service was worthy enough for people to put the time and energy and effort into actually making this a better place and space for us all to do the work that we do... So, certainly, it has had a massive impact on team and relationships and communication, and how people are willing to go that extra mile to support each other. Previously, you know, it would have been difficult to get staff to cover extra shifts and all of that. People are literally have upped their game and they're pulling people out, and they're... covering each other. And you know there is just a very, very different feel, locally."

(Senior Management Focus Group)

At both local and national levels, *enhanced engagement with staff* involved recognising and valuing staff members' contribution to the organisation and specialist knowledge and skills. The NI TIA pilot and wider TIA implementation across the organisation was considered to have enhanced relationships across projects and regional areas, with greater 'openness' and inclusion across hierarchical structures contributing to a wider sense of *enhanced collaboration*:

"I think it feels different within the organisation, even from my position... I am being included in conversations now that I wouldn't have been previously... I'm being asked to share things with people. People are coming in asking for advice and guidance... Those conversations didn't happen before because of the hierarchy and because of the structure. That person didn't speak to that person, and you didn't have permission to do it. Whereas, now, there's a sense of 'oh my goodness, let's all do this together. And who do we need to talk to? And who's going be able to help us? and how can we support each other a bit better?... That feels very, very different (...) I think there's more openness around it. And I suppose that then feeds into people being recognised for their strengths and contribution to the organisation, and you know who (...) is particularly skilled at this, let's go to that person, you know, rather than just, well, they don't work at that level."

(Senior Manager Focus Group)

The *enhanced attention to staff wellbeing* was a noted change associated with TIA implementation and the COVID pandemic. This had contributed to a range of policy and wellbeing initiatives across the organisations (see workforce support section above) including an initiative by Human Resources to look specifically at staff retention. It is of note that a significant number of the staff at Thorndale had been there for considerable time periods. This focus on staff wellbeing was noted as a perceived benefit with people given the time and space to reflect more in recent years. This was reported as an area for ongoing development:

"I think as an organisation, we've also started to reflect more (...) we created wellbeing spaces, which were just spaces that people could just drop into and just reflect on how they were. (...) suddenly, it feels like as an organisation, we are trying to reflect more, and trying to kind of give ourselves this space. And I think that's so important to how we will continue to embed the trauma informed work, it's a fundamental principle, you know, a fundamental thing that we need to be able to do better."

(Senior Manager Focus Group)

Aligned with this, senior managers reported that conversations at a senior leadership level within the national organisation had changed due to TIA implementation. These were reported to be more 'reflective' with an openness to 'vulnerability' and 'emotional resonance', which had not been apparent previously:

"I'm having conversations with people at a fairly senior level, and the conversations are fundamentally different to how they used to be,... you're able to have more vulnerability, I think, within work, you're able to talk about how the work makes you feel. People are having different types of conversations... (...) There's a definite emotional resonance within those conversations (...) So all of those conversations are really different."

(Senior Manager Focus Group)

As a result, it was thought that there was *enhanced capacity to engage with some of the more challenging areas of development* for the national organisation such as race, gender, sexual orientation considerations, which might have been previously avoided. This perceived willingness to engage with these more 'uncomfortable conversations', in spite of different 'starting points' was described by senior managers as 'really refreshing':

"I've also seen a big movement towards... beginning to call out our own principles a lot more, a kind of stance on certain issues, such as same-sex relationships, issues around race, issues around gender. So we're starting to have a lot of uncomfortable conversations. (...) Like we started at different points here. So this is really progressive for an awful lot of people to be having these conversations. And you can see a lot of people experiencing huge discomfort but being prepared to. And that's really, really nice. That's really refreshing."

(Senior Manager Focus Group)

However, challenges were also noted here with some people perceived to be resistant to such changes and have 'dug in double hard' as a result:

"... the people who maybe don't want to or [development] is in conflict with their own principles, or maybe they're just frightened, have dug in double hard, if that makes sense. So there's almost like a hard core of people who are just like, I'm not doing that. I'm not... and they become very almost fundamentalist, whereas everybody else is moving."

(Senior Manager Focus Group)

2.4 Enablers, Barriers and Challenges

Both staff and senior managers spoke throughout the focus groups of a range of factors that had assisted TIA implementation at the local project level, and more widely across the large national organisation. Barriers and challenges to progress were also reported. These are summarised in Table 2.1, with some key issues examined in further depth below.

Table 2.1: Enablers, Barrier & Challenges (Salvation Army UK & Ireland)

Enablers	Barriers & Challenges
A whole organisational effort - 'bottom-up and top-down' approach	Budget restraints, local authority commissioning
TIA pilot projects at the local level that enabled learning to be cascaded across the wider organisation	Loss of implementation momentum & experienced staff during COVID pandemic
Strategic inter-departmental connections across the organisation	Size & complexity of organisation leading to areas being 'disconnected'
'Buy-in' from those in key decision-making positions	History & structure of organisation not being well aligned with TIA principles
TIA leadership vision and drive	Potential organisational discomfort & resistance to change
Meaningful staff involvement and consultation (trauma informed inquiry approach) in all TIA development to promote staff engagement	Misunderstanding of the term 'trauma-informed'
Team relationship-building in the service/project/organisation	TIA implementation considered 'just another fad'
Adequate financing & resourcing (people & buildings)	
Greater use of digital technologies to enhance workforce development, support, relationship-building, connections & shared learning across projects, regions & department.	
Commitment to TIAs embedded in organisational policy	

Senior managers spoke consistently of how a **‘bottom-up approach, but also top-down approach’** had been pivotal to successful TIA implementation across a large organisation like the Salvation Army UK and Ireland. To effect whole organisation change, it was thus proposed that *‘everyone had to be involved’*:

“That [TIA development] was at a local level. I couldn’t have done anything else with that... without the involvement of [names], and their positions within the organisation. (...) but what really worked for us was a kind of bottom up approach, but also top down as well. (...) Probably none of us could have done that without the other, (...) real top leadership within the organisation probably didn’t have an understanding of what it is like at the frontline (...) frontline couldn’t have fed that up any further if we hadn’t had the connections and the collaborative relationships with [names] (...) in order to enable organisational growth, everybody had to be involved.”

(Senior Management Focus Group)

Collaborative relationships and strategic connections across different departments

within the wider organisation were reported by senior managers as pivotal in driving the change process. These key people were then able to use their influence in different parts and levels of the organisation to educate, engage and get whole system ‘buy-in’. The three senior managers who took part in this study (a local service manager; senior national operations manager; senior R&D and policy manager) spoke of how their ‘good working relationship’ had been essential to achieve that ‘traction’ across the organisation as a whole. It was only ‘together’, that they had been able to ‘make quite a lot of things happen’:

“We were quite lucky. A lot of this is about relationships, isn’t it? And so... the three of us have a good working relationship and so... and we were at different levels within the organisation and had different levels of influence. (...) So it meant that at the different levels (...) people were able to have those conversations and we were able to kind of get ... some of that traction, to get the buy-in.”

(Senior Manager Focus Group)

The importance of relationship-building across the large organisation was therefore emphasised as a means of ensuring **support from key ‘top’ positions** such as the Director of Human Resources who could ‘make decisions and influence policies’ that could drive implementation forward:

“I think that comes back to a central point... about the importance of relationships in this. Having... good organisational relationships in key positions is central to... any success... because you do need to have the Director of Human Resources on board, otherwise things aren’t going to move forward. (...) You need to have people that can make decisions and influence policies and stuff like that.”

(Senior Manager Focus Group)

However, while senior decision-maker support was regarded as pivotal for the overall success of the initiative at an organisational level, it was reported that there needed to be key people at different levels who had vision and energy to ‘drive’ the initiative forward. These **TIA leaders** were described as ‘real conduits in the workforce’:

“So we couldn’t push with [TIA implementation] too far after COVID, but then we got involved with [Thorndale service manager] on the Safeguarding Board in Northern Ireland work... (...) [name] drove a lot of this work. If it wasn’t for [name], it wouldn’t have happened... what I was able to do is to make sure the conversations were happening in a number of places and the people were on board.”

(Senior Management Focus Group)

“There were people who were real conduits in the workforce who made it happen and made sure people sat and had conversations around - do you know how this is affecting people?”

(Senior Manager Focus Group)

Such TIA leaders were noted to have a strong sense of social justice which instilled a drive to 'make things happen' rather than 'wait around':

"There is something particular... about the people who choose to do this type of work in the third sector. And therefore, I think it might be easier to do it in places like this, than it would be in statutory services, because you have a particular type of person who is driven by things other than money, clearly, is driven by a sense of social justice and probably politics to a degree (...) they won't sit around waiting for things to change, they'll go out and make them happen (...) where people are not prepared for things to ... wait to change, they'll just go and do it."

(Senior Manager Focus Group)

This 'energy' for change was thought to 'attract' others with similar vision and 'driving force', snowballing to build 'key relationships in the right places':

"Yeah, I'm not going to sit around waiting for you to come to terms with this because we might be waiting for ages. We're just going make this happen and we'll make it happen in a way that you will notice this and you will come and look at this, and that experience will be something that maybe will help change practice. (...) So there's something that's attracting people. There's an energy that people want to be a part of, and I think that that... is really, really powerful. So I think... it's relationships, it's key relationships in the right places."

(Senior Manager Focus Group)

The importance of TIA leaders in **gaining staff buy-in** was reported by frontline staff. They noted how 'people buy into people' with staff noting how they 'go the extra mile' when they feel valued, supported, included and treated well by their service managers:

"People buy into people. I'm a great believer in that, that people buy into people, you know, and [senior manager] is amazing."

(Staff Focus Group)

"The thing for me is if you have a decent boss and a boss that works with you, I go the extra mile too. And I think we all have went that extra mile to make things happen."

(Staff Focus Group)

As well as relationships and connections across the wider organisational, intentional efforts to build **team relationships in each service/project** were thought to be a key enabler of TIA implementation. In the local TIA pilot of Thorndale which coincided with the COVID pandemic, staff noted how they had 'come together' with their manager with a strong sense of team support and comradery apparent:

"I suppose it was a bit of a reliance on each other, that we were all sort of come together and pull together and bail each other out."

(Staff Focus Group)

"It happened in the middle of COVID. I think that probably was a factor in all of this as well, that we felt we needed to be together and there was a sense of comradery and looking after one another in the face of adversity that everybody was experiencing at that time. We lost quite a bit of staff as well. Staff just left,... you know, they hadn't been replaced. So we were quite short of staff for a long time. So I think we were just wrapping around each other... it just naturally kind of flowed in. I think [senior manager] realised as well that we all need to be together here."

Staff Focus Group)

As discussed in the consultation section above, **involving staff in the TIA transformation process** was considered a core feature of all TIA implementation in the Salvation Army, strongly connected with achieving staff buy-in, promoting positive team relationships and enhancing meaningful and relevant practice and service change. SA as a whole were reported to have committed to embedding a 'trauma informed inquiry approach' into all workforce development and support initiatives (see workforce development section above), thus promoting staff buy-in and addressing staff fears at all stages as implementation progresses. Senior managers reported that they were starting to see this 'ripple effect' change across the organisation:

“...because of simply this [trauma informed inquiry] process, and [the worker] was like it’s literally like somebody has lifted a veil on the way that I work (...) when you see that happening... you can see that everybody’s getting buy-in into this now and that’s, I suppose what feels different (...) we’re really tying into what the organisation’s principles were around social justice, everybody started to get it and that’s been nice, that ripple effect you can feel now.”

(Senior Manager Focus Group)

Adequate financing and resourcing

were identified as important enablers of TIA implementation. Such ‘investment’ in people and buildings was noted as essential to promote meaningful change, enabling staff to offer a quality service, as well as protected time and a welcoming environment:

“It is that meaningful investment. We’ve invested or we’re starting to invest not just in buildings, but in teams.”

(Senior Manager Focus Group)

In the case of the development of the main building at Thorndale, it was noted that this was achieved ‘on a shoe string’. However, larger financial investment was recognised as likely to be needed, presenting inevitable challenges going forward, dependent upon the organisations’ priorities and local authority commissioning (see physical environment section).

The impact of the COVID pandemic

was reported as both a challenge and an opportunity in relation to TIA implementation progress. One challenge involved a great change in the workforce with many experienced staff leaving, and new less experienced arriving. As a result, it was perceived that a lot of the TIA groundwork had to be ‘re-done’. TIA implementation progress at the national level was reported as ‘stalled’ during COVID, with the focus inevitably redirected toward simply ‘getting by’ and ‘trying to keep people safe and keep people in work’.

However, the pandemic was also noted by both staff and senior managers as an ‘important opportunity’, inadvertently **‘creating a space’ for ‘reflection’** about the organisation’s focus and priorities. However, that momentum for change was argued to be potentially lost again as

the draw to revert to ‘business as usual’ increases in this post-pandemic era:

“I think what COVID did was almost create a space for us to really, really, truly reflect on... ‘hang on a minute what actually is going on here?’ I would like to say that that’s fundamentally changed our practice going forward, but we seem to be losing that sense of connection again fairly quickly as well because now we just get on with the job. Well, hang on a minute. There was something really important happened here. There was a point in time... there was something significant went on there, (...) not randomly because there were people who were real conduits in the workforce who made it happen... So it wasn’t completely random, but there was something spontaneous about all of those conversations that happened as a result of COVID, where everybody was, like, hang on a minute.... So there was a real sense of alignment, horribly, like I would rather have not gone through that, but there are benefits that have come out of time.”

(Senior Manager Focus Group)

During the pandemic, a number of fundamental shifts were noted as significant by senior managers that were perceived to have assisted TIA implementation. These included a greater **appreciation of the importance of staff wellbeing** and the **use of digital communication technologies**, which were reported to have opened up the possibility of relationship-building, connection and shared learning and influence across the wider organisation. Examples discussed included the creation of the online staff wellbeing spaces and different forms of delivering training and support with the development of ‘communities of practice online’. In addition, senior managers reported practice change that had emerged from the COVID era when homelessness services had to find a ‘completely new way’ to work. While challenging, and ‘paralysing’ for some, this was also noted to have prompted the introduction of more ‘pioneering’ and ‘agile’ ways of working and the ‘throwing out’ some ‘old practices’. This was thought to have helped services start from a ‘clean deck’, creating an openness for change:

“...but there are benefits that have come out of... that time [the COVID pandemic]... in our homeless services, we had to work completely new way during COVID. And I think what that did was throw a lot of old practice out the window and be like, well, what are we actually going to do now?... it was a complete change of practice, so that was a chance for people, I guess I think to come in and say, look, why don't you think about this, this and this and almost get a lot of pioneering ways of working, really agile ways of working that hadn't been done before and it was almost like you were starting from a clean deck.”

(Senior Management Focus Group)

Barriers and Challenges

A number of additional barriers and challenges to TIA implementation were noted by staff and senior manager participants. These were related primarily to the size, structure, history and ethos of the organisation.

While collaboration and relationship-building across the organisation was thought to have been enhanced (to some extent) via TIA implementation as well as more online wellbeing and training initiatives with concerted efforts extended to break down 'silos' and 'flatten' hierarchies and structures, it was noted that, given the **size and complexity of the organisation**, not all services or departments were at the same stage of development. In this regard, homelessness services were perceived to have made most progress embedding TIAs:

“[The SA] is a very big organisation which has different departments of work... there are still silos, even though we're trying to kind of break them down and make ourselves more flattened. And so we have work that happens within a core community services. We have the anti-human trafficking and modern slavery contract and we have homelessness services, older people services. Homelessness services is definitely the most advanced in terms of its understanding and embedding of trauma informed practice within its services.... we can only influence what we can influence... [Other areas] are doing it and they're starting to grow.”

(Senior Manager Focus Group)

Even at the local or regional context, it was recognised that 'parts of the organisation are still very disjointed'. As a result, TIA implementation in a large multi-faceted organisation like the SA was likened to a 'very slow boat' or 'trying to turn the Titanic':

“So if you're looking across the whole of the organisation against each of the [SAMHSA domains], I would say that... we're doing small stuff and we're growing. (...) I think we're trying to look consistently at each of the different places... Leadership are getting it. We are starting to change the way that we write our policies and our processes... all these things are changing, but it's slower than it can happen locally because of the sheer size of it and the sheer different ways that the organisation has such a spread of the types of services that it runs... we're a very slow boat.”

(Senior Manager Focus Group)

However, in spite of these challenges, senior managers felt that significant progress had been achieved with the national organisation having committed itself to making TIAs an 'essential' and 'primary area of work'. While change might be inevitably slow, such developments were understood to be highly significant given the subsequent changes in culture and identity of the organisation as a whole:

“Where we've got that commitment, and we're also at the stage where... the organisation seems to be committing to the fact that it wants to make trauma informed practice a kind of essential... a primary area of work within the next... however long... because... that's such a significant piece that if we support the organisation to become more trauma informed, our culture, our policy, everything around who we are changes yeah, absolutely.”

(Senior Manager Focus Group)

When considering their TIA implementation trajectory, senior managers noted that the SA UK & Ireland, despite its size and longevity, had experienced very significant changes in recent years. Introducing a trauma-informed lens (and realising that some established practices may have been potentially re-traumatising) was noted as probably ‘terrifying’ for the well-intentioned leadership and workforce. Over time, the need for ‘humility’ and to ‘modernise’ was reported to have led to a ‘levelling’ of the organisational hierarchy. Fundamental **shifts in organisational identity, culture and leadership structure** were described as ‘scary’ and ‘uncomfortable’, leading to some inevitable resistance to change:

“I think one of the biggest barriers we’ve had internally is the history of the organisation, in the fact that [the faith-based mission] is very practical, they need to be doing things and... if I’m sitting around talking about how I feel... I think ... there was a real discomfort in that.”

(Senior Management Focus Group)

In terms of getting buy-in, participants mentioned **the term ‘trauma-informed’ itself** can act as a barrier. Senior managers noted that the language of ‘trauma’ can be misunderstood as ‘clinical’ by the leadership who come from different backgrounds, with mitigation effort required to clearly distinguish between trauma-informed and trauma-focused services. They had found it helpful to ‘reframe’ TIAs as an ‘engagement tool’ to support a shared understanding that was ‘less scary’:

“[The term] trauma informed practice [is a barrier]... because for our organisation, sometimes we didn’t.... understand it. [People] go to a place where they think... it must be more clinical or whatever else... So I think if it was called something else a bit less scary, it would have been easier for us to kind of manage with our organisation. So that’s definitely been... a barrier. (...). And I think [consultant] has really helped us in that as well, in terms of us trying to reframe this as an engagement tool, because that’s ultimately what this is.”

(Senior Manager Focus Group)

Staff participants also noted that there is a danger that TIA can also **be dismissed by the workforce as ‘just another fad’** without longer-term commitment:

“I think for me (...) and for all the frontline services, that sometimes [trauma informed approaches] can be hard to embed, because frontline staff just see it as something else that’s new. Another fad (...) I’m sure that this isn’t just the Salvation Army. I’m sure it’s a lot of big organisations. It’s like, you know, trauma informed practice, just another fad. We’ve done harm reduction... so this is just something else.”

(Staff focus Group)

2.5 Lessons learned

Focus group participants noted several key messages that had been central to TIA implementation progress made at the local service level as well as the much wider organisation. Central to these was the message for service leaders or those leading TIA implementation to really **understand the project or service** before seeking to apply any new model or framework. Without such detailed appreciation of the service and ‘what it’s like on the ground’ – from both staff and service user perspectives –, it was considered impossible to achieve meaningful change. Thus, implementation leaders would not be aware of the prior taken-for-granted service culture/beliefs/practice norms they were seeking to ‘stick’ the new theoretical or practice framework to:

“We need to understand what it’s like within services before you apply anything to them, because in terms of coming along and applying trauma informed principles to a service... you need to understand socially what’s it like on the ground. You need to be in services. You need to survey services. There’s no point applying something when you don’t understand what you’re applying it to. It’s almost like I don’t know, how are you going to bond one material to another when you don’t know what this is made of? Like you have to understand what you’re sticking something to.”

(Senior Manager Focus Group)

For the Salvation Army, both nationally and at the local level, a fundamental principle of TIA implementation was ensuring a 'bottom-up' approach, involving all levels of staff and service-users in building this understanding of service norms and complexities, and gleaning their ideas for change. This **'trauma informed inquiry' approach** was reported by the senior TIA implementation personnel in this case study as having enabled greater reflection at all levels in the organisation, and pushed forward the more 'different conversations' that can inadvertently block TIA progress if left unaddressed.

The staff who participated in this case study also emphasised the **critical importance of staff consultation and involvement** to achieve meaningful engagement, without which limited progress could be made:

"If it was looking at other organisations, I would be saying the staff consultation is really, really important, because if the staff are not sold, you can't really get the buy-in."

(Staff Focus Group)

"And plus, their staff will then just put their own narrative to what's happening, so if you can get the buy in, it just saves so much more trouble."

(Staff Focus Group)

"... just to add... that feeling of being valued as a staff member, and that is through being heard, being consulted, being involved... at every sort of element of our work due to the design and the delivery of the service, even just deciding what the service is, what kind of work we do..."

(Staff Focus Group)

'Starting somewhere' was another key message which emerged from case study participants. Advice was given to choose 'an easier place' with 'low hanging fruit' to help get TIA implementation off the ground in a local service context. In Thorndale PS, the starting point had been service-user pathway mapping and staff consultation which had, over-time, led to the refurbishment of one of their buildings:

"...it doesn't really matter where, as long as you start."

(Staff Focus Group)

"You know... it doesn't really matter where you start... as long as you're sort of starting somewhere, and sometimes that is the kind of lowest hanging fruit. It is the easiest place to really look at, for frontline services, and using that transformation model, looking at from entry to exit."

(Senior Management Focus Group)

'Starting small', even when full organisational support had not been achieved, was another key message:

"In large organisations like Salvation Army, even when the leadership is not yet fully on board and there is not a larger full organisational buy-in, you can still do things at a smaller scale and start from there, rather than wait until you get the full buy-in."

(Senior Manager Focus Group)

From small beginnings at the local level, it was argued that 'momentum' could be developed whereby similar initiatives start to grow and snowball as others in the wider organisation (as well as external agencies) get a 'taste and feel' for what can be achieved:

"...But I think just one of the points maybe for learning and for other organisations and things is even in the absence of that, when the big things look as if they can't happen, I think what was really important here was that actually, we just did it anyway. We just did something smaller anyway, and if nobody else wants to be a part of that, then that's OK or that's fine. For me, I think the more that happens and if little things start popping up kind of here and there, and the more people start to hear about them, and want to know more about it, and find out a bit about it, and then maybe try to replicate a little bit of that and things, you know, that kind of sense of at some point in time, all of that will start to join together. So even if we didn't have that bigger organisational buy-in...I don't think that should be always seen as a total barrier. (...) Absolutely. And it would never have got us to where we were, but things can still happen and things can still be done. And I think if people get a taste and a feel of that, they will want it for themselves, and I know that that's happening within the organisation, you know, people are wanting to come and see this or talk to me or oh my goodness, could we do that? (...) So you know, you

start something small and at some point in time hopefully that will start to grow a little bit of momentum and have a little bit of impact.”

(Senior Management Focus Group)

It was described how the TIA pilot at Thorndale would not have got off the ground if they had waited for ‘full buy-in’ and ‘direction’ at every turn, demonstrating the need for local leadership with vision and courage. However, in large multi-site/ service organisations like the Salvation Army, strategic alignment and robust inter-departmental relationships across the local and the national contexts is considered essential to cascade and embed the learning. In this way, the wider and longer-term benefits associated with TIA implementation can be achieved across a complex organisational system:

“If [we were] waiting on that connection... and for, you know, direction to be given and you know permission to be given for us all to do this, we probably wouldn’t have even started this. (...) But the two things happening together [local and national developments], I think it’s what is really working within the Salvation Army.”

(Senior Management Focus Group)

And finally, the term **‘intentionality’** was an oft repeated phrase in the senior manager focus group of this case study. Reviewing its use through the conversation pointed to the need for TIA organisational leaders to really understand and know what, as an organisation, they were aiming to achieve via TIA implementation. Often, the goals expressed were intangible or abstract, such as trust between service users and staff, or between different staff members and management, a sense of everyone feeling valued for their unique contribution to the collective, or efforts to avoid re-traumatisation. Such language acts as a reminder of **the importance of clearly naming desired outcomes** in order to be able to design initiatives to help achieve, assess and measure such goals.

Figure 2.2. Salvation Army UK & Ireland Trauma Informed Implementation

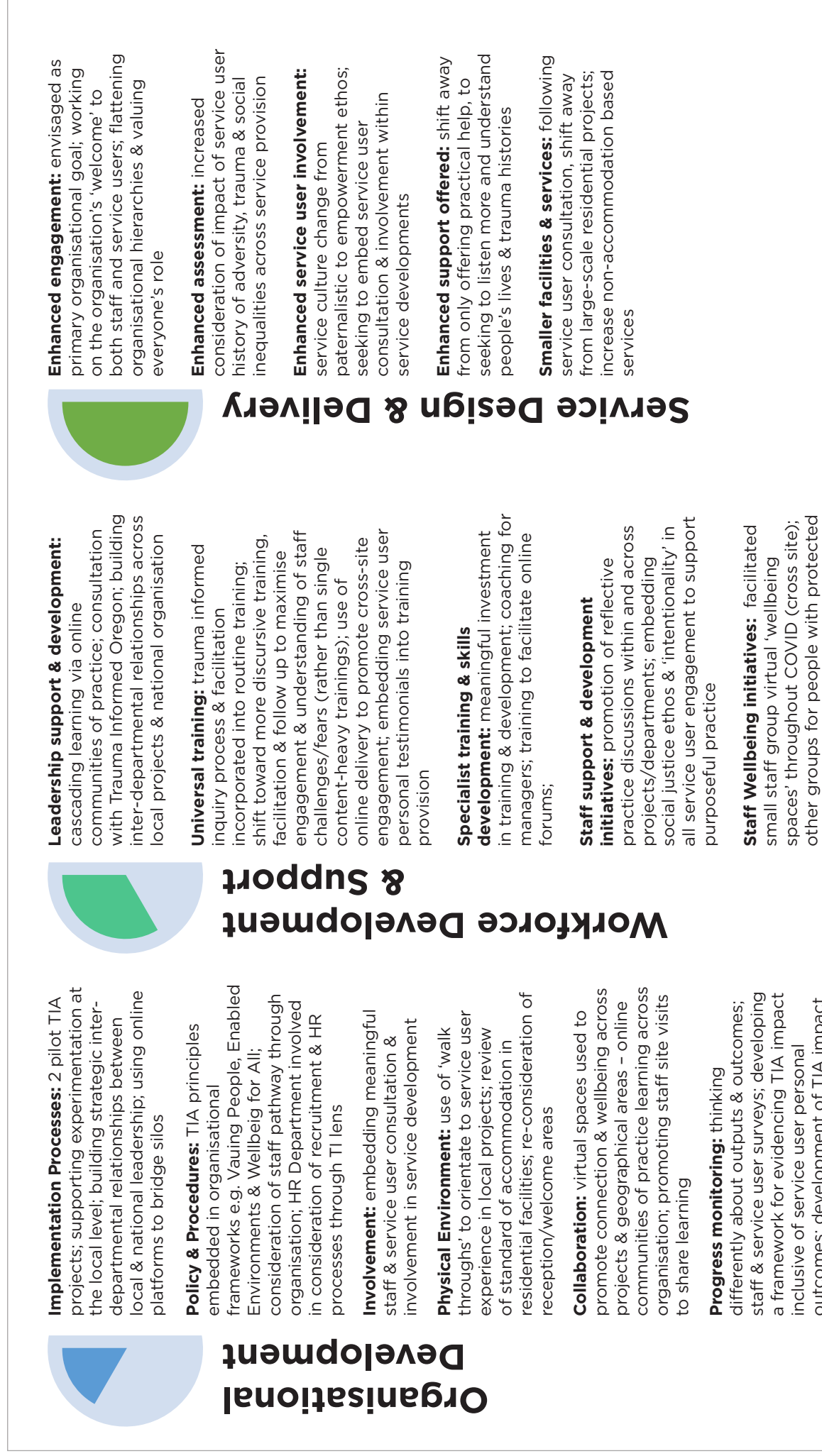
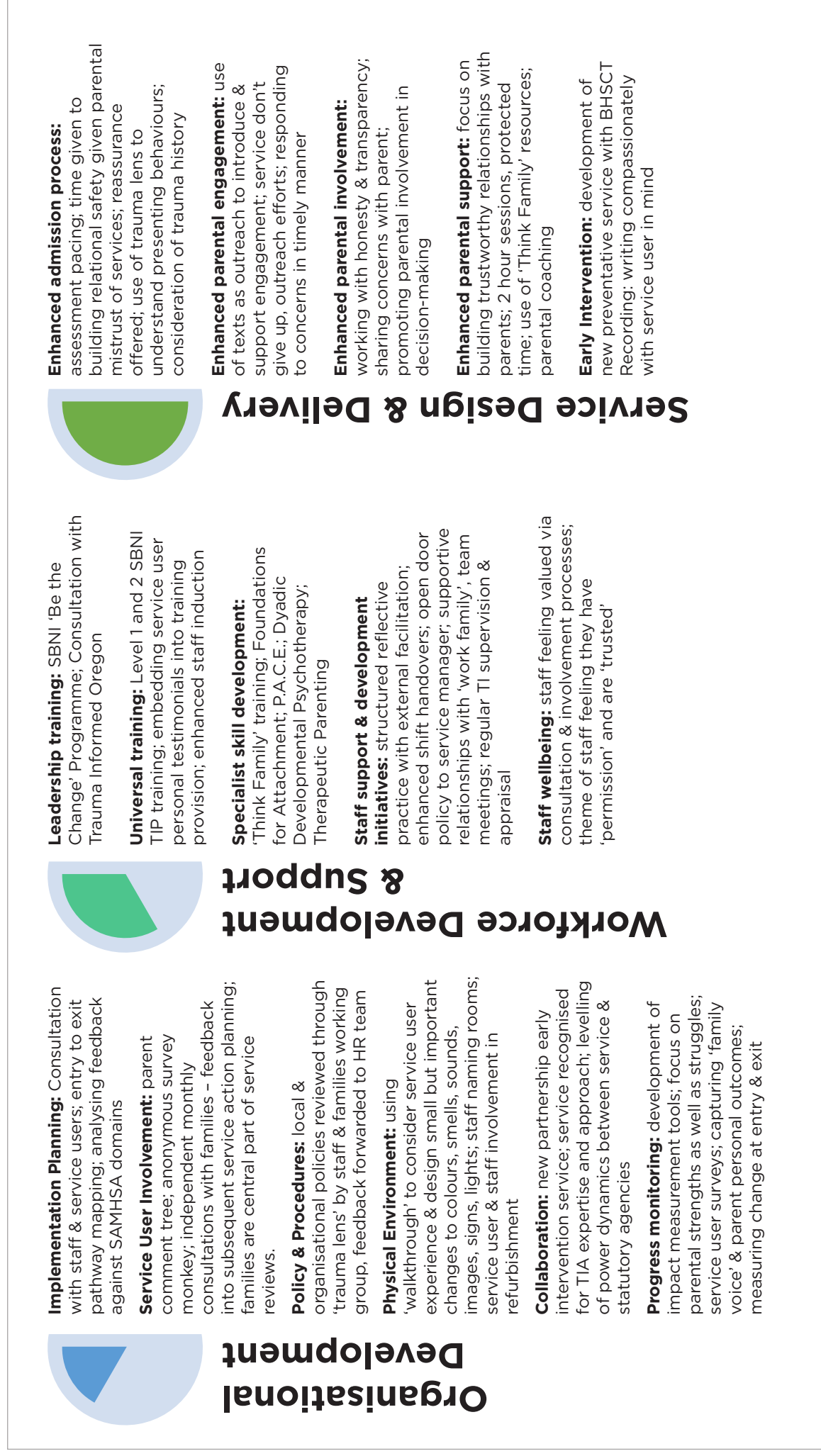


Figure 2.3. Thorndale Parenting Service Trauma Informed Implementation



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