



CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES
COISTÍ NA SEIRBHÍ SÍ DO LEANAÍ & DO DHAOINE ÓGA

Dublin City South
Cathair Bhaile Átha Cliath Theas

DCSCYPSC & BCR
Stakeholders Consultation
Trauma Informed Practice – Dublin South Central Area
2021

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On behalf of the Dublin City South CYPSC working with Building Community Resilience, I am delighted to present this short report of Trauma Informed Practice that was conducted in July 2021. The aim of this consultation with key Stakeholders in the South City area was to explore their knowledge and understanding of Trauma Informed Practice in order to plan for future work. The findings clearly demonstrate that services are aware of and interested in the practice. At all levels of service people want a deeper understanding of what it means to their work and how it can support the children, young people and families in the Dublin South City Area.

It is the role of DCS CYPSC to support an interagency approach to local service delivery and this report confirms that services and agencies will commit to a coordinated response to this practice going forward. DCS CYPSC will lead on that commitment in developing the next steps to Trauma Informed Practice in the area.

Sincerely,

Des Delaney

Chair Dublin City South CYPSC

Area Manager TUSLA Dublin South Central

1. Introduction

Building Community Resilience in the Dublin South Central Area, (BCR) and Dublin City South Children and Young Peoples Services Committee (CYPSC) jointly commissioned this report to inform their work plans by exploring three areas with the stakeholders in their area:

1. Their understanding of and engagement with Trauma Informed Practice and Principles to date
2. Their interest in developing further awareness of Trauma Informed Practice and its relevance to their work
3. How Trauma Informed Practice could be supported by BCR and CYPSC?

2. The Process

Twenty two stakeholders were interviewed from a list provided by BCR and CYPSC. These represent managers and practitioners, statutory agencies (approx. 50% and 50% community based organisations. The community organisations included: children and youth, community development, youth diversion programmes, family support, addiction services. The statutory services interviewed included the An Garda Síochana; Young Peoples Probation; TUSLA; Schools; School Completion Programme; Local Authority and the CDET. The full list of those interviewed is available in appendix 1.

Stakeholders were contacted in advance to seek their engagement in the process. The consultation discussions took place by telephone during the weeks commencing 12th and 19th July. The discussions each took between ten and twenty minutes.

These consultations took place as COVID 19 restrictions were beginning to be lifted, but were continuing to have a major impact on communities. However, the stakeholders agreed quickly to engaging with the external consultant and were generous with their time and in providing their views for this short report.

This independent report provides the outcomes of the consultations. The report is based solely on the views expressed in the consultations. The report is laid out as follows:

- *Summary of Key Findings*
- *Understanding of Trauma Based Practice*
- *Interest and relevance to the work of agencies in the area*
- *Providing support for Trauma Informed Practice in the area*
- *Other issues emerging: challenges and policy*

3. Summary of Key Findings

Twenty two stakeholders (managers and practitioners) from twenty statutory and community agencies were interviewed in relation to Trauma Informed Practice. The key findings were as follows:

- All stakeholders interviewed were aware of and had a general understanding of Trauma Informed Practice
- The vast majority have attended briefings, awareness sessions or training, organised by different sectors and from a wide variety of sources and different trainers
- All stakeholders said Trauma Informed Practice was relevant to their work and many used the phrase *“it makes sense as a practice”* for working with their service users and clients and in their communities
- The overwhelming view was that awareness and training in this area of practice to date has been very beneficial to service users and the staff
- Without exception all stakeholders were interested in supports to spread the practice, deepen their understanding and/or enhance their practice
- All stakeholders were interested in further training in the area
- Almost all stakeholders said that inter-agency training was the best approach for the area (the exceptions related to organisations requiring sector specific training)
- Many stakeholders commented on the positive role of BCR and CYPSC in commissioning this report and/or as potential interagency forums to provide further interagency supports
- Some questions were raised relating to the level of training required by staff in different types of roles. For example the potential for a baseline for everyone and layering on of further training for certain roles. Some said that a number of training sessions over a period of time was the most beneficial approach
- A minority of stakeholders raised further but related issues about progression and accreditation
- A minority also discussed the need for raising awareness with parents and communities
- For a minority, Trauma Informed Organisations were a central issue and training alone was not a comprehensive response
- A minority of stakeholders also raised the need for a co-ordinated approach in the area, and some suggested an organising or co-ordination group and the need for national recognition, direction and policy to give context, create linkages and leadership and provide investment in this approach

4. Stakeholder understanding and experience of Trauma Based Practice

All stakeholders interviewed had an understanding of the concept and general principles of Trauma Informed Practice. Information, awareness, training and professional development emanated from different sectors and sources. For some stakeholders it was the core of their work e.g. for those with therapeutic backgrounds. Some stakeholders had read the academic materials. Some highlighted that Trauma Informed Practice and principles were very aligned with their core practice (e.g. youth work) and related to previous training e.g. Therapy Crisis Intervention (social care).

Some stakeholders understand Trauma Based Practice as a continuation of or linked to the growing body of research and understanding of Life Span Approaches and the impact of early adversity, adverse childhood experiences and Early Childhood Trauma (ACEs).

Many stakeholders had attended conferences, webinars, awareness or training programmes. The following are examples mentioned: Training provided through the Drug and Alcohol Task Forces, Multi-Agency Candle Trust course with Karen Treisman, Quality Matters training with Patricia Bourke D'Souza, Jon Connelly, John Mathews (Trauma Recovery Model), Jane Mulcahy (UL), Sharon Lambert (UCC) and Ciara McCarthy. Some had received briefings from members of their teams who had attending training.

The level of knowledge varied. Some managers said they were sufficiently aware of the practice for their role as managers in a service, however they did not have specific training. Some were less familiar with the theory but had practiced over a number of years with a strong recognition of trauma and its impact. Some questions were raised about the level of understanding required by general staff, practitioners and managers versus the understanding required by those involved in trauma processing e.g. clinical or counselling interventions and the cut-off point.

However, the broad understanding of Trauma Informed Practice was evident in both the statutory and community sector interviews. The overwhelming view was that awareness and training in this area of practice was, to date, very beneficial to staff teams and the people they work with.

Ballymun was noted by some stakeholders as an area that had progress Trauma Informed Practice across a number of range of local agencies. The National Trauma Training Programme in Scotland was also highlighted.

A number stakeholders had extensive practical and academic backgrounds in this area of practice. They were overwhelmingly supportive and often passionate about the broadening of this practice and the potential for a community level approach. They discussed the

potential to be part of the leadership for practice in the area. They were appreciative of the work of the DCS CYPSC and BCR in conducting this survey and supporting this work in a collaborative way.

Overall the view was that there was that the awareness and understanding of Trauma Informed Practice was already established growing quickly in the Dublin City South area.

5. Interest and relevance to the work of agencies and practitioners

All stakeholders said Trauma Informed Practice was relevant to their work and many used the phase *"it makes sense as a practice"* for working with their service users and clients and in their communities.

Some stakeholders raised other practices and training e.g. Attachment Theory and Signs of Safety Training. Trauma Informed Practice was understood by them to be necessary alongside these for long term work with children. However, others said that Trauma based approaches were not sufficiently recognised or given the same weight.

The following are comments from the interviews where stakeholders talked about the direct relevance of Trauma Informed Practice to their day to day work: *"the children we work with experienced high levels of trauma", "the community we work in is very disadvantaged", "addiction work, poverty and domestic violence", "teens, but also the 8-12 year olds", "addressing poor school attendance", "addressing behaviours like talking responsibility or victim empathy", "young people are now traumatised online", "young people who have parents and siblings in prison", "children and young people who are the most vulnerable and fragile", "neglect, abuse, poverty", "working in community hot spots, yes - but we work in a community that is traumatised", "Covid has brought further challenges, but now we are returning to the challenges that were there prior to Covid".* Stakeholders talked about clients dealing with a combination of factors or multiple disadvantages and for some the emphasis was on community level trauma.

Most of the discussions related to Trauma Informed Practice, however some stakeholders discussed the organisation systems and the changes required to develop Trauma Informed or Trauma Responsive Organisations. Organisations with more experience highlighted the next steps as seeing the whole organisation through a trauma informed lens: governance, leadership, staff relations, policies and procedures and physical spaces

Although Trauma Informed Practice was seen as highly relevant to the work of the multiple stakeholders and agencies and they are, without exception, interested in further development or training in this area a minority raised issues for consideration e.g. workloads, resourcing, expectation, sequencing and timing issues for some organisations.

For example some are currently embedding Restorative Practice into their organisation others are very busy supporting clients after long periods of lockdown.

Although the interviews were without exception very positive, some stakeholders (both statutory and community) teased out some of the questions and challenges that they associated with the emerging recognition of Trauma Informed Practice.

Some of the concerns related to service gaps and pathways: *“We don’t have the pathways to refer into when more serious or clinical issues emerge – identifying pathways could form part of the local Trauma Informed Practice training”, “developing the links from community into clinical services is critical”, we have clients (with adverse childhood experiences) waiting for a long time for basic adult counselling services – the relevant services must form part of the picture”.*

There was also an underlying concern from busy organisations that Trauma Informed Practice would expand or deepen their work, become more formalised e.g. become part of their SLAs without teasing through the impact or considering the resources required. These concerns also related to *“supporting staff now that there is increasing recognition of vicarious trauma”* and having the appropriate mental health services to refer clients to.

There were strongly expressed concerns relating to practice, thresholds and cross-agency working. *“What about children and young people when they leave our healing environment and go back to where they are re-traumatised – we need to discuss this”, “They go back through the same door at night – back into the same situation and this is after we know about the trauma and have reported it”.*

The broader concerns of stakeholders is summed up in this comment from one interview: *“The policy and the way we work together must all align with this growing understanding of the impact of trauma – training yes, but it’s not just training”. We also have to address the broader issues causing the trauma – not just recognise and work with it”.*

6. Supports for Trauma Informed Practice in the area

“Supporting Trauma Informed Practice is definitely worth the investment – both in time and resourcing” (from Interview)

All stakeholders said they were interested in and would benefit from further supports in relation to Trauma Informed Practice. The supports highlighted are listed below.

6.1 Training

All stakeholders highlighted training as the type of support they would most benefit from. In response to the type of training required stakeholders highlighted a broad range of

training needs. There was some discussion about the different levels of training required for different roles.

The majority of stakeholders emphasised one or both of the following two approaches:

- (a) Baseline training for everyone who wants it in the area. They would ensure that everyone would have some understanding of Trauma Informed Practice. This broad based approach is further explored in the interagency training section below.
- (b) An emphasis was on progression e.g. awareness or baseline training as in (a) above, followed by more in-depth training for practitioners, layering on further training over time. Linked to this, accreditation was raised by a small number of stakeholders. They referenced comparable accredited training and proposed that accreditation would support the development of practice in the area.

However some stakeholders, particularly those who had attended training programmes including the Candle Trust training, said that training would need to take place over a number of weeks to have real impact.

A number of organisations would like all their staff trained i.e. some have part of their teams trained and others require training for new staff.

For some organisations, training programmes will need to be specific to their organisation or sector, but the vast majority of stakeholders had a preference for inter-agency training in the local area.

Some stakeholders prioritised training for teachers in schools, with second level schools prioritised. A small minority highlighted geographical gaps in training.

Community organisations highlighted raising awareness with parents and the community.

A minority concentrated on the potential for training or briefing in creating Trauma Informed Organisations. This is outlined further in 6.3 below. Candle Trust were suggested as an ideal organisation to lead this.

A minority also requested a briefing for general managers who may be less informed about the practice. For some this was a necessary step to develop Trauma Informed Organisations.

A small minority also highlighted the need to support practice both within training and post training: reflective practice, supervision, peer or clinical supervision.

Stakeholders who had engaged in training said that the training provided to date was of very high quality and they would like this to continue.

6.2 Co-ordination at local level

Many stakeholders want a more structured approach to training in the area. Some suggested a co-ordination or working group at local level.

This group could tease out the best approach to training in Dublin South Central. Other areas for co-ordination included:

- supporting a common approach across agencies in the area,
- funding applications,
- learning from good practice elsewhere,
- develop locally based materials, highlighting locally based good practice,
- explore accreditation and progression routes,
- map and draw attention to resources currently in place,
- agree on some area level priorities e.g. schools
- consider how to feed upwards to create the policy framework required.

A number of stakeholders highlighted the current Trauma Informed Practice working group within the CFSNs as a good model for this. Some stakeholders raised the challenge of differing agency boundaries. Some said that BCR had a different group of stakeholders that would bring additional value. Some said work required co-ordinated leadership at a more senior level e.g. CYPSC and noted that CYPSC could feed up to national and policy level.

6.3 Organisational Level

A minority of stakeholders talked about their expectations of developing a Trauma Informed Organisation. This entails organisations having their own policy and implementation plan, creating the conditions for trauma aware services across the whole organisation, *“This requires organisational level change, it’s not just a training issue”*. A minority of stakeholders said they were interested in training and workshops at this level. *“Do we expect staff to bring the learning from training back into their organisation and how does this work?”*. *“It has to be an organisation level approach”*. Some talked about the potential for larger or funding organisations to support this organisation level approach.

Candle Trust was cited as an example of a small local organisation taking this holistic approach. Some stakeholders suggested that more could be done to highlight this model and in particular to transfer the learning. However it was noted that other organisations may not have therapeutic staff similar to Candle.

6.4 Inter-Agency Training

All stakeholders supported local level inter-agency training. *“Inter-agency training supports a similar approach amongst the agencies working with young people”*. It creates local leadership, creates common language, terminology, practice and approaches. Interagency

working also supports dissemination of information and reduces the competitive funding environment. Many stakeholders commented on the potential positive role of BCR and CYPSC, as interagency forums, in providing further interagency supports.

6.5 Parents and Community

Although the focus was on staff training, a number of community organisations said there was an equal need to raise awareness with parents and/or at community level. This should be done in parallel with the work undertaken with practitioners so that there is a common understanding of the approach by agencies and the community.

6.6 Broader Context

A minority of stakeholders raised questions about the broader context for Trauma Informed Practice and whether the practice was sufficiently recognised at national or policy level “*or is it just local personnel driving it?*”. One stakeholder referred to it as “*giving some context or framework to Trauma Informed Practice*”. Some stakeholders were keen for more formal recognition, a national direction or leadership: “*just doing training is not sufficient*”, “*we are great at initiatives, we love pilots but we are not so good at embedding*”.

Depending on their sector, stakeholders referred to requirements for: a policy document, referencing Trauma Informed Practice within national strategies, a position paper, a national working group, or a national lead. However, one stakeholder in relation to national policy said that “*providing more training will cause the shift required*”.

Stakeholders said it could be a model “*similar to Restorative Practice*”, a national practice approach for example “*in parallel to Signs of Safety*”. Others understood it more like NVR (non-violent resistant) training.

The policy context in the health environment was mentioned. (The HSE were not interviewed for this report, however local addiction services were interviewed). When talking about the benefits of having a stronger national policy context stakeholders said:

- it would make it easier to match or dovetail Trauma Informed Practice into other approaches (Youth Work, Juvenile Justice System, Creative Community Alternatives, Signs of Safety)
- support investment and help those applying for funding
- clarify the prioritisation level within busy organisations, including how this practice fits with the current requirements for measurements, outcomes and evaluations
- help with decision making on training and clarify what is required or core training
- support those organisations who are now on a journey towards a trauma informed approach to the delivery of their services, teasing out the implications of this practice on service design and delivery and organisation changes involved.

Appendix 1: Interview List

Name	Organisation/Agency
Mary Taylor	DCC and Chair of the BCR committee.
Chief Supt Michael Mc Elgunn	Kevin Street and Kilmainham
Inspector Carolyn Cullen	Brief for BCR and community safety
Des Delaney	Head of Services in Tusla
Tonya Hanly	Principal Our Lady of Lourdes School
Margaret McGlynn	School Completion Coordinator Dublin 8
Danielle McKenna	Rialto Youth Project CDYSB
Amy Carey	SOLAS Youth Project Dublin 8
Amanda McCoy	CDYSB youth project Cherry Orchard
Stephen Quinn	KRIB GYDP Kilmainham Inchicore Bluebell
Karl Duchas	TRY Slaintecare
Beckie McGinn	Family support Programme (8 to 11 yr old)
Ailish Comerford	St Michaels Family Resource Centre
Joe Donohue	Family Resource Centre F2 Rialto
Aidan O Halloran	Blue Door Ballyfermot
Rachael for Susan Collins	Addiction Response Crumlin
Una Lowry	CEO Dublin South City Partnership
Ciara O Connor	Probation Services
Clare Deane	Regional manager, Barnardos
Caroline Martin	Chief Psychologist, CDET B
Maria Hayes	PPFS Manager, Tusla
Brian Johnston	Manager, Candle Trust