



# 1625 Independent People

# Trauma Recovery Model Pilot

## Evaluation Report

February 2020

Prepared by Dr Colin Baker and Dr Liz Berragan  
University of Gloucestershire

Correspondence to:

Dr Colin Baker  
University of Gloucestershire  
Oxstalls Campus  
SC117  
Gloucester  
GL2 9HW  
[cmbaker@glos.ac.uk](mailto:cmbaker@glos.ac.uk)

## Contents

Acknowledgements.....	i
Executive Summary.....	ii
1.0 Introduction.....	1
1.1 The Future 4 Me project.....	1
1.2 Psychologically-informed environments.....	1
2.0 Methods.....	4
2.1 Aims and objectives.....	4
2.2 Procedures.....	5
2.2.1 Data analysis.....	6
2.3 Ethical considerations.....	6
3.0 Findings.....	7
3.1 TRM survey data.....	7
3.2 Interview data.....	7
3.2.1 Multi-agency accessibility and ease of use.....	11
3.2.2 Sequencing.....	13
3.2.3 The Trauma Lens.....	13
3.2.4 Theoretical approach.....	14
3.2.5 Timeliness and information reporting.....	15
3.2.6 Unintended outcomes.....	15
3.3 Evaluation limitations.....	16
3.3.1 Sample.....	16
3.3.2 Evaluation focus.....	16
3.3.3 Bias.....	16
4.0 Summary and recommendations.....	18
4.1 Summary.....	18
4.1.1 Objective 1.....	19
4.1.2 Objective 2.....	19
4.2 Recommendations.....	20
5.0 Appendices.....	21
APPENDIX A: TRM Survey.....	21
APPENDIX B: TRM interview guide.....	23
6.0 References.....	24

## List of Figures

Figure 1: TRM.....	3
Figure 2: Supporting care leavers (%).....	8
Figure 3: Experiences of implementing the TRM (%).....	9
Figure 4: Professional practice.....	10
Figure 5: Main TRM themes.....	12

Suggested citation: Baker, C. & Berragan, L. (2020). *Evaluation of the Trauma Recovery Model for 1625 Independent People*. Gloucester: University of Gloucestershire.

## **Acknowledgements**

We would like to thank those who took the time to respond to the TRM survey and engage in the interview process. In addition, we would like to acknowledge the support of the 1625IP senior leadership team who fully embraced the challenge of undertaking this complex evaluation as part of the wider 1625IP Future 4 Me (F4M) toolkit evaluation. Finally, thank you to Jonny Matthew and Dr Tricia Skuse who developed the Trauma Recovery Model and were highly supportive of the pilot at 1625IP.

## Executive Summary

### Introduction

This report presents the findings of the Trauma Recovery Model (TRM) Pilot with young care leavers which formed an integral component of the wider Future 4 Me project (2016-2019) and the (F4M) toolkit evaluation undertaken by the University of Gloucestershire. The aim was to investigate the efficacy of the TRM model in helping practitioners to support care leavers and improve practice, knowledge, confidence and understanding of a trauma-informed approach.

### *The Pilot*

The pilot framework was developed in consultation with Jonny Matthew. The pilot provided for a multi-agency, psychologist led formulation of the cases of 7 care leavers, which informed the subsequent period of support and regular reviews. In each case, a F4M keyworker acted as the case lead, co-ordinating meetings and facilitating communication between professionals. The pilot delivery period was nine months. As well as the F4M team, the pilot involved 20 external professionals representing 11 different organisations across three local authority areas.

### Methods

A mixed methods approach was deployed involving the use of quantitative and qualitative methods in order to elicit data concerning the efficacy of the TRM model in helping practitioners to support care leavers and improve practice, knowledge, confidence and understanding of a trauma-informed approach. This involved an online practitioner survey and individual interviews. The evaluation began in October 2019 and concluded in December 2019.

### Main findings

The tools used were described as useful and accessible that helped practitioners from across a range of Statutory and Charitable organisations to develop empathetic attitudes towards young people and a greater understanding of their lives. Sequencing was identified as a principal benefit in helping professionals to stand back and assess all the relevant information and options available. This confirmed the model's ability to initiate a developmental approach with young people and indicated the presence of a structured and considered approach. The opportunity to identify, explore and interpret life events through a trauma lens offered an important insight that helped develop client-centred interventions.

Engaging and maintaining young people in TRM-informed approaches could be challenging and some staff may take longer to feel comfortable and confident in using the model. This draws attention to the importance of ongoing training and support for practitioners to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model. Participants described the opportunity to engage with theory helped them to focus upon the practitioner-young person relationship and adopt

a more mindful approach to practice and to their understanding of their work with the youngperson.

Challenges to the implementation of the TRM included finding time to bring psychologist and professionals together for meetings and managing the complexities of multi-agency working. However, a key outcome was a greater awareness and appreciation of other organisations which fostered greater inter-professional and inter-organisational collaboration.

## Summary of main findings

Description & information	Example quotations
<p>The TRM provided a useful and effective tool for bringing agencies and young people together to identify and address needs. Variations across the organisations involved in organisational culture, practices and the complexity of young peoples' lives were likely to have affected the extent to which these benefits were realised.</p>	
<p>The TRM supported effective multi-agency working and offered a well-rounded view of the young person with whom participants were working. This helped reduce a sense of practitioner isolation. The tools were described as useful and accessible.</p>	<p><i>'forces professionals to see the bigger picture ... to stop and check .... Is this the right intervention ... is this the right time?'</i> For some it was an opportunity to; <i>'help professionals to understand why they (young people) decide to act in a certain way'</i>.</p>
<p>The use of a trauma lens to explore the lives of the young people that they were working with offered an important basis for the development of client-centred interventions. Understanding trauma and awareness of trauma in early life were highlighted as important elements of the model, enabling the professionals to start to understand the impact of trauma and adverse events on behaviour and health. The focus on sequencing was beneficial and helped work out how to address the different events in young people's lives. Participants also described the opportunity to engage with theory helped them to focus upon the relationship and 'do some cognitive work'.</p>	<p><i>'co-ordination can be really difficult and unintentionally one's own work might undermine the work of others ... there is no blame here, but occasionally we might get results by accident rather than by intention'</i>.</p>
<p>One participant highlighted the development of a more mindful approach to practice and to their understanding of their work with the young person. Working with different professionals and understanding their role was beneficial and the opportunity to collaborate with colleagues from Statutory and Charitable organisations highlighted different roles and approaches and fostered a sense of genuine inter-agency collaboration.</p>	<p><i>'helps professionals to understand why they [young people] decide to act in a certain way'</i>. For others it was an opportunity to; <i>'look back, look at the present and look to the futures ... to think about intervention support ...'</i>.</p>
<p>Survey respondents were not wholly convinced that the TRM helped provide the care young people needed which could have been related to a lack of practitioner confidence to advise young people on difficult subjects and the challenge of improving young peoples' life skills. This would appear to underline the importance of providing ongoing training and support for practitioners to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model.</p>	<p><i>'... it helps ... to understand how to address the intergenerational effects of trauma and how we can explain to families about trauma'</i>.</p>

## 1.0 Introduction

---

This report presents the findings of the Trauma Recovery Model (TRM) pilot with care leavers which formed an integral component of the Future 4 Me (F4M) toolkit evaluation undertaken by the University of Gloucestershire between January 2017 and December 2019. The Trauma Recovery Model (TRM) was developed by Jonny Matthew and Dr Tricia Skuse, and draws (Skuse and Matthew, 2015) together knowledge of attachment, trauma, criminology and neurology in order to formulate interventions for children and young people with complex needs. These interventions place emphasis not only on behaviour and its drivers but the contexts in which it takes place. In establishing a series of layers of intervention that are structured in a sequential way the TRM provides a high degree of flexibility and responsiveness to young people's developmental and mental health need.

### 1.1 The Future 4 Me project

Future 4 Me (F4M) is an innovative project run by 1625 Independent People (1625IP) that provides specialist support to young people leaving care, leaving custody or young people who are at risk of entering custody. The project is delivered by a dedicated team with extensive expertise in resettlement, mental health, learning and work and participation.

Engaging with participants over a 6 to 12-month period, the F4M project is underpinned by an approach that builds trust, identifies positive opportunities that support wellbeing and personal development, and which seeks meaningful partnerships with young people and other stakeholders in the community.

### 1.2 Psychologically-informed environments

The concept of a psychologically-informed environment (PIE) is fundamental to the TRM and the wider F4M toolkit. Psychologically-informed environments seek greater flexibility and responsiveness in the way services for vulnerable people are devised and delivered (Johnson and Haigh, 2010). In doing so, PIEs can assist staff and services to understand the origins of behaviours, particularly in people with complex and traumatic backgrounds, and to work more creatively and constructively to identify the best plan of action to improve wellbeing and safety (Keats et al., 2012).

PIEs have a transformative potential given the primacy of dialogue between individuals and providers of services which, supports organisations to become learning organisations capable of changing practice and creating positive opportunities and relationships (Johnson and Haigh, 2010; Woodcock and Gill, 2014).

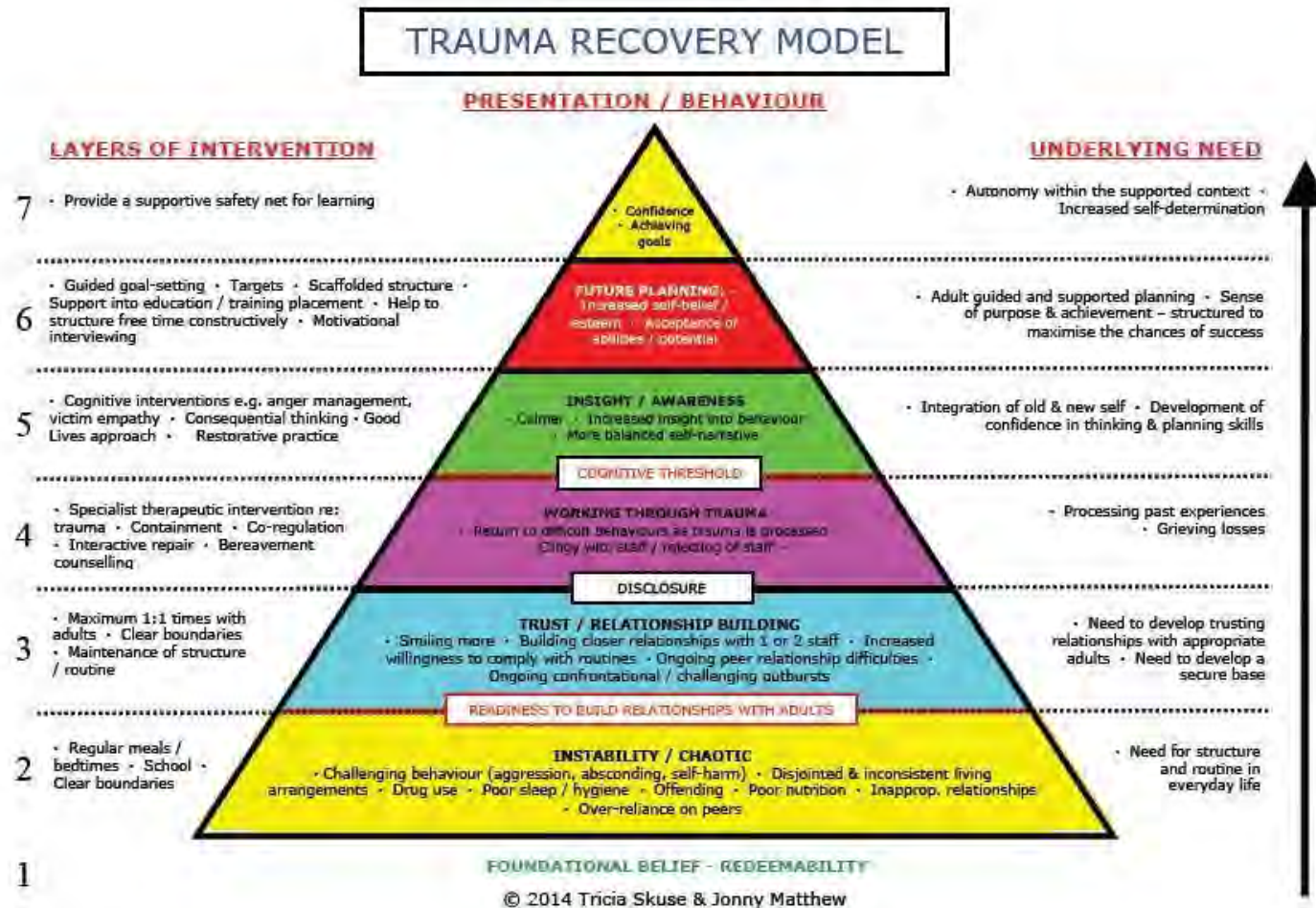
Central to PIEs is the notion of an enabling environment in which in which the nature and quality of relationships between staff and beneficiaries are highly valued and engagement is purposeful, responsibility for environments and developing opportunities is shared, and where open discussion and communication is valued (Breedvelt, 2016; Haigh et al., 2012).

As a means of operationalising a PIE approach, the TRM seeks to bridge theory and practice by providing practitioners with a clear and sequential approach to devising the most appropriate interventions. These interventions place emphasis not only on behaviour and its drivers but the contexts in which it takes place. In this respect the TRM draws together knowledge of attachment, trauma, criminology and neurology in order to formulate interventions for children and young people with complex needs.

The TRM (Figure 1) focuses on the behavioural presentation of the young people and emphasises underlying developmental needs and the most appropriate (and realistic) approach within the given context (Skuse and Matthew, 2015). By establishing a series of layers of intervention that are structured in a sequential way the TRM provides a high degree of flexibility and responsiveness to young people's developmental and mental health needs. Such approaches are important for ensuring that interventions supporting young people are to move beyond the superficial (Perry, 2013) so as to help develop meaningful and effective interventions.



Figure 1: TRM



## 2.0 Methods

---

A mixed methods approach was deployed involving the use of quantitative and qualitative methods in order to elicit data concerning the efficacy of the TRM model in helping practitioners to support care leavers and improve practice, knowledge, confidence and understanding of a trauma-informed approach.

A sequential approach to data collection was established in order to build data as the evaluation progressed. This involved an online practitioner survey (Stage 1) and individual interviews (Stage 2) to investigate the experiences and perceptions of practitioners. The evaluation began in October 2019 and concluded in December 2019.

All participants were recruited using a convenience sampling approach (Flick, 2014) in order to operationalise the evaluation plan. The sample was agreed with the F4M project manager and leadership team in order to maximise the ability to capture rich data. The criteria for inclusion were as follows:

- F4M staff and wider agency staff: directly involved in the development and implementation of the F4M toolkit, specifically the TRM Pilot component.

### 2.1 Aims and objectives

#### *Aim*

To investigate the efficacy of the TRM model in helping practitioners to support care leavers and improve practice, knowledge, confidence and understanding of a trauma-informed approach.

#### *Objectives*

1. (Stage 1) To investigate practitioners' experiences and perspectives, using a bespoke survey of perceptions of implementing the TRM model, specifically investigating:
  - changes in practice
  - changes in knowledge, confidence and understanding of a trauma-informed approach
  - reflection of the impact of the TRM on supporting positive clients' experiences and outcomes

- future intentions concerning implementation and development
2. (Stage 2) To develop case studies, using telephone interviews, to further explore the impact of implementing the TRM model.

## 2.2 Procedures

Stage 1 involved the development and administration of surveys (Appendix A) with those 1625IP staff directly involved in the delivery of the TRM pilot and practitioners from 1625IP partner organisations. The surveys were designed in conjunction with the senior leadership team to ensure salient issues were included and that the survey was appropriate for the intended respondents.

### *Surveys - Initial and Follow-up*

- a) Survey 1 (initial) sought to establish an initial understanding of practitioners' perspectives as per the evaluation objectives.
- b) Survey 2 (3-month follow-up following completion of the formulation process) sought to repeat items used in the first survey in order to assess changes over time and also to elicit qualitative feedback via open-ended questions.

Challenges in administering the survey related to the practical delivery of the TRM pilot meant that it was not possible to successfully deliver the initial and follow-up surveys. As such, five responses were received for the initial and follow-up survey which yielded limited longitudinal data. Consequently, data were combined with survey data that were captured at one point in time only, providing 15 responses in total.

Stage 2 involved individual interviews (Appendix B) with those 1625IP staff directly involved in the delivery of the TRM pilot. Telephone interviews were conducted with 4 1625IP staff to explore more fully the experiences of implementing the TRM and any perceived changes with respect to practice and client outcomes.

### **2.2.1 Data analysis**

The evaluation team collated the survey data and entered the data for subsequent analysis. Descriptive quantitative analyses were performed to unpack the survey data and to identify issues for inclusion in the qualitative interviews.

For the qualitative data thematic analysis was used to analyse the individual interviews. Data were analysed in keeping with an inductive approach (Braun and Clarke, 2006; Clarke and Braun, 2013) and researcher notes were used to unpack key themes before a thematic overview was developed to explain what was going on in the data in each of the toolkit elements.

This approach sought to identify and analyse patterns within the data in order to provide a basis for interpreting the findings. In doing so it helps explore the meanings and experiences of participants and the social contexts in which these take place (Braun and Clarke, 2006). Briefly, this approach involved:

- i. becoming familiar with the data (i.e. transcripts, researcher notes)
- ii. generating initial codes (individual units of data)
- iii. collating data relevant to each code into groups in order to begin to establish theme names
- iv. reviewing these themes to ensure accuracy and then presenting these in an intelligible format.

### **2.3 Ethical considerations**

All data were collected and analysed by the evaluation team. Anonymity and confidentiality were guaranteed via an evaluation protocol that sought to minimise risk and burden to participants. Given the small sample size involved this evaluation does not use pseudonyms or reference numbers to quotations in order to further reduce the risk of participants being identified (Guenther, 2009).

The process of informed consent was undertaken by the evaluator and F4M staff where relevant. Participants were asked to be involved in the respective elements of the evaluation and made aware that they were free to withdraw at any point without giving a reason why. All procedures were in line with the University of Gloucestershire ethics procedures.

### 3.0 Findings

---

This section presents the findings for the respective stages of the evaluation.

#### 3.1 TRM survey data

TRM survey respondents held a number of roles including F4M project worker, YOT Probation Officer, EET and Wellbeing Coach, Personal Advisor and mental health project worker. The mean age was 35.4 years (SD=8.28), the majority were male (n=7, 53.8%), and respondents had been in their current role for an average of 15 months (SD=14.4).

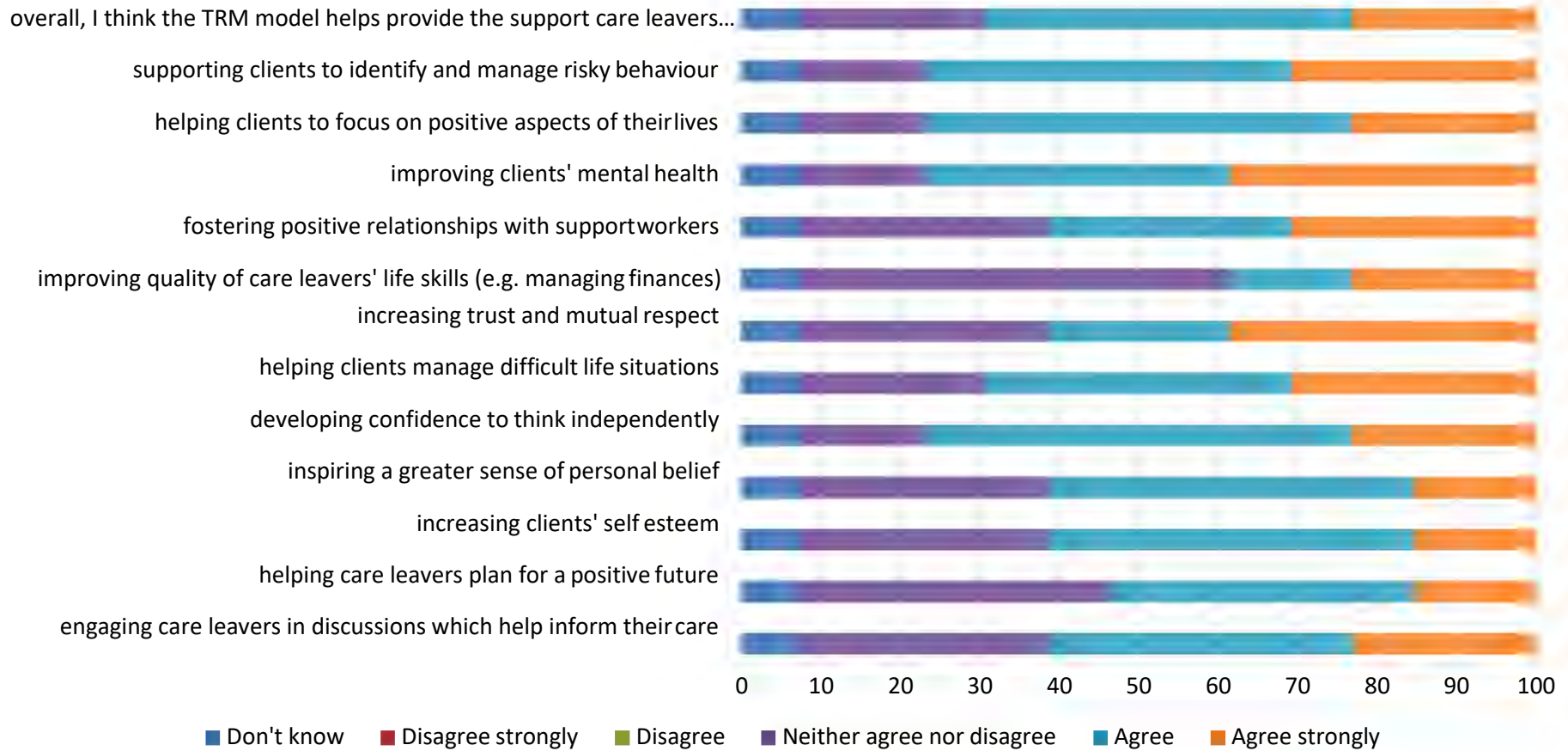
Figures 2 to 4 provide data for the three core sections of the survey relating to Supporting care leavers, Experiences of implementing the TRM and Professional practice. In addition, the survey data are incorporated into the reporting below in order to provide a more complete account of the responses.

#### 3.2 Interview data

The interview participants included a service manager, personal advisor, youth justice worker and probation officer who had been in their current roles from between one to six years. All participants had used the TRM approach in their work. Due to the small number of participants, it must be noted that these findings are not generalizable.

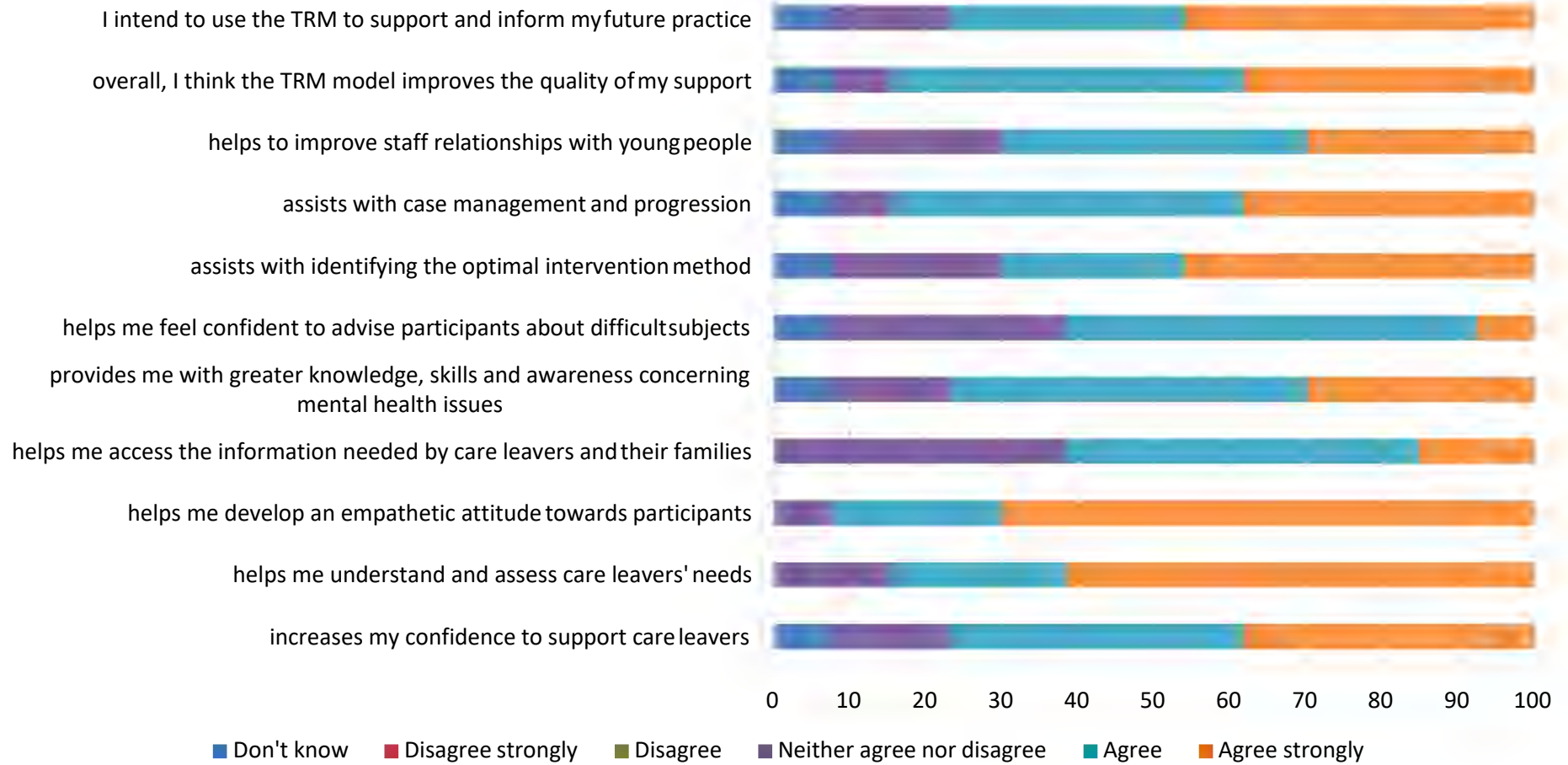
Six main themes emerged from the data analysis (Figure 5); four related to the positive aspects of the TRM model and two related to challenges associated with working with the model. Whilst the survey data and interview data were in many respects in agreement some interesting findings emerged, particularly in relation to the overall impact of the model on professional practice and the impact of the TRM on the quality of outcomes for young people, where there was less overall agreement.

**Figure 2: Supporting care leavers (%)**

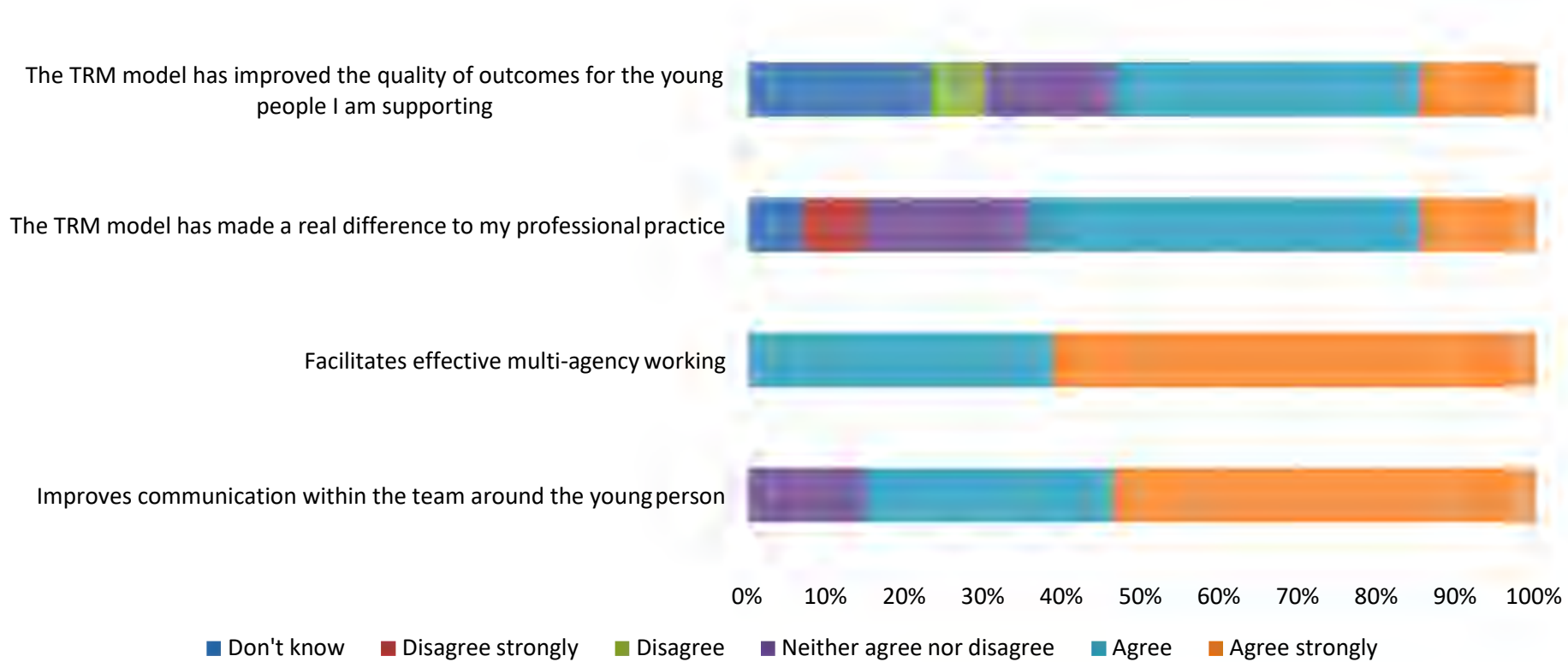


**Figure 3: Experiences of implementing the TRM (%)**

The TRM...



**Figure 4: Professional practice**





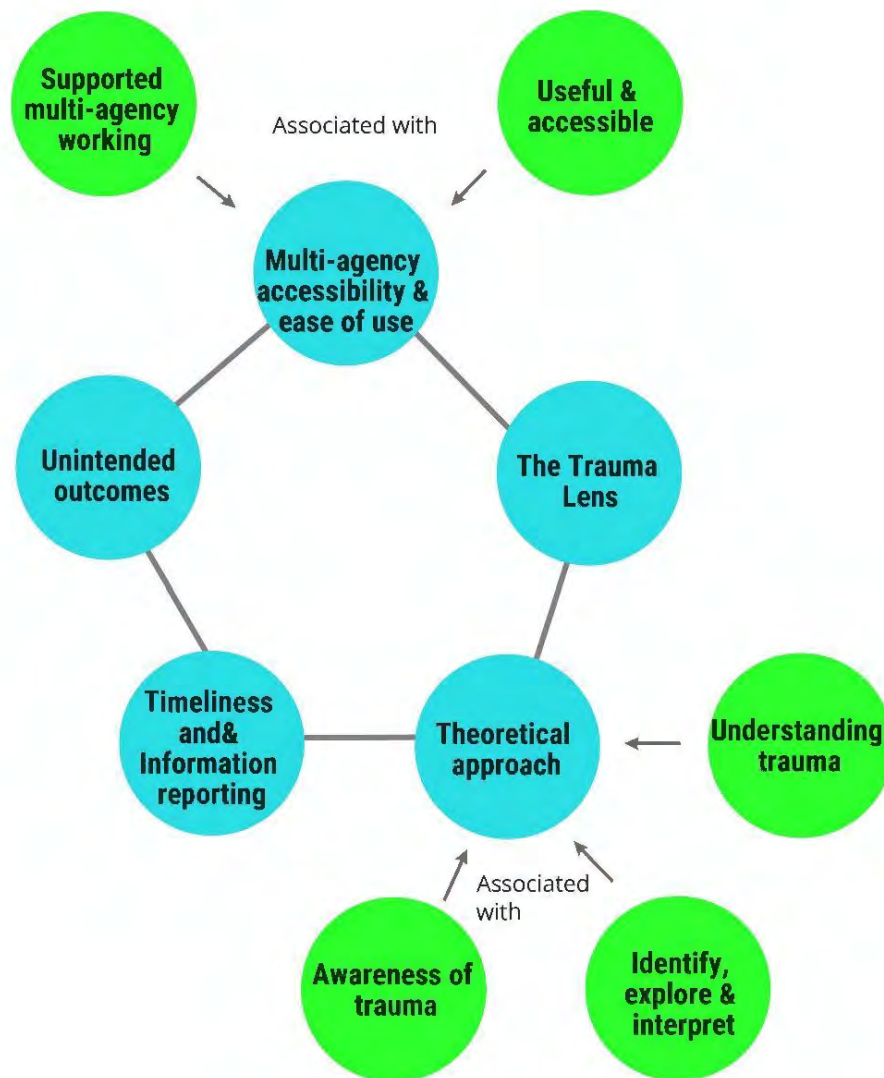
In this respect, the data indicated that the TRM provided a useful and effective tool for bringing agencies and young people together to identify and address needs but that variations across the organisations involved, in organisational culture and practice, and the complexity of young peoples' lives were likely to have affected the extent to which these benefits were realised. This finding is useful for supporting practice as the model is rolled out further in other contexts in order to ensure practitioners are realistic concerning the short to medium term potential of the model in achieving progress in these particular areas. Overall, there was strong support and enthusiasm for the TRM and in this respect there was a strong foundation for building on the outcomes already secured.

### 3.2.1 Multi-agency accessibility and ease of use

All of the participants suggested that the TRM model, as they had experienced it, **supported multi-agency working** which was engaging and offered a well-rounded view of the young person with whom they were working; *'It has rekindled my love of multi-agency working and the process....'*. The opportunity for professionals to *'get together'*, *'get engaged'* and *'share information'* was seen by participants as beneficial to their work with young people and accessible as; *'any worker can understand it and use it'*. Such comments were supported by the survey data which indicated agreement concerning TRM as a tool for facilitating multi-agency working (61.5%, n=8) and improving communication within the team supporting young people (53.8%, n=7), and further supported by qualitative feedback within the survey concerning things that worked well; *'Multi agency approach to get professionals on the same page with regards to how they assess the young person's situation and can agree on best next steps to support'*, and; *'I felt the TRM mapping meeting was very effective at bringing together different professionals around the young person to understand their history and the different perspectives each professional has towards supporting them'*.

This was seen as a helpful way to *'reduce the isolation of our work'* experienced by some participants and is an important feature of the TRM which requires organisations to work closely in order to support young people effectively (Skuse and Matthew, 2015). The benefits of having *'everyone around the table'* were recognised as important for engagement with young people and offered; *'...in depth and different views of the young person ...work that had already been done and work to be done'*. One participant highlighted that there was; *'a sense of taking the barriers down ... getting the different agencies to engage and rethink their approaches to the client'*. Indeed, there was general agreement in the survey that the TRM supported getting access to the right information (46.2%), case management (46.2%) and understanding and assessing care leavers' needs (61.5%).

Figure 5: Main TRM themes



The tools used were described as **useful and accessible**, for some confirming what they already knew *'it's helpful to use to think about the young person in depth and use what I already know with them'*, and for others offering a different view of trauma and the impact of adverse life events upon adulthood; *'this has influenced me and I need to be mindful of attachment and the impact of early years'*. This finding was also evident within the survey data which indicated that 69.2% (n=9) of respondents felt that the TRM had helped them to develop empathetic attitudes towards young people and a greater understanding of their lives; *'It promotes an understanding of YP's background and the impact of this on their persona and behaviour rather than being a model that promotes blaming young people for their risky/antisocial/unhealthy'* [Survey feedback].

### 3.2.2 Sequencing

Consistent with a key aspect of the TRM and associated pilot guidance, sequencing was discussed by the participants as an important feature of the model. They suggested that the model; *'forces professionals to see the bigger picture ... to stop and check .... Is this the right intervention ... is this the right time?'* For some it was an opportunity to; *'help professionals to understand why they (young people) decide to act in a certain way'*. For others it was an opportunity to; *'look back, look at the present and look to the futures ... to think about intervention support ...'* The opportunity to focus upon sequencing was described as *'something that really works .... like magic ...'* helping those who used the model to *'work out how to bring together and address the different events for the young person'*. The pilot guidance emphasises the importance of sequencing in order to find the optimal method and place of intervention and the data here suggested a high degree of fidelity with respect to the model's ability to develop coherent and well-designed plans. This confirmed the model's ability to initiate a developmental approach with young people as outlined by Skuse and Matthew (2015) and indicated the presence of a structured and considered approach.

### 3.2.3 The Trauma Lens

The opportunity to **identify, explore and interpret** life events is an important psychological principle. All of the participants in this study indicated through their narratives that the use of a *trauma lens* to explore the lives of the young people that they were working with offered an important perspective for their work and the development of client centred interventions. **Understanding trauma** and **awareness of trauma** in early life were highlighted as important elements of the model, enabling the professionals to start to understand the impact of trauma and adverse events on behaviour and health. This was discussed in relation to work with young people and was also described as an important feature of work with families; *'... it helps ... to understand how to address the intergenerational effects of trauma and how we can explain to families about trauma'*. Understanding the young person's situation from a trauma perspective and the opportunity to work with a psychologist through the formulation and adoption of the TRM approach was described as helpful, positive and interesting. This was consistent with the pilot practice guidance with respect to understanding the young person's situation and to identifying how past problems impact on behaviour. The survey data indicated that such an approach was perceived to help young people focus on the positive aspects of their lives (53.8%, n=7) and to think independently (53.8%, n=7).

Interestingly, whilst there was general agreement that the TRM model helped provide the care young people needed (69.3% agreed or agreed strongly), some respondents were not so sure. This could have been related to a lack of practitioner confidence to advise young people on difficult subjects and the challenge of improving young peoples' life skills which also showed less overall agreement. Qualitative feedback received in the survey also highlighted that it was potentially still too early to understand the impact of the model and that there could be challenges in dealing with the young people themselves. Speaking about approaches that incorporated the TRM, one respondent noted; *'The young person can choose not to engage ... and therefore it is difficult to progress in these situations'*, suggesting that engaging and maintaining young people could, at times, be challenging. Implementing the TRM approach requires skills that are not necessarily normally expected of therapeutically unqualified staff (Skuse and Matthew, 2015) and in this respect some staff may take longer to feel comfortable and confident in using the model. This draws attention to the importance of ongoing training and support for practitioners to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model.

#### **3.2.4 Theoretical approach**

The TRM as a theoretical approach was celebrated by some participants as *'affirming'* and *"engaging"*. It was seen as; *'a process underpinned by theory which instinctively chimes with what we know. It is a real thing and supports confidence ... it is the acknowledgement of common sense supported by theory ... where they come together'*. Participants described the opportunity to engage with theory helped them to; *'focus upon the relationship and do some cognitive work'* although it was recognised that the use of the TRM needed to become more widespread in order for all professionals to have a common theoretical knowledge base.

When describing the influence of TRM upon their practice, one participant highlighted the development of; *'a more mindful approach to practice and to their understanding of their work with the young person'* and *'understanding the information and data that we have.'* For the participants, using the TRM enabled a theoretical approach to work with a wider understanding of attachment, trauma, and personality trait development. In essence, it offered; *'a clear vision of how the young person might see the world and how we can develop and bring in interventions which will be responsive to their needs'*.

### 3.2.5 Timeliness and information reporting

When discussing and describing the less positive aspects of the TRM approach, participants were unanimous in their call for timely reports following formulation and consultation meetings. Related to this was the challenge of finding time to bring everyone together for meetings so as to include the psychologist *and* professionals. Without these reports they suggested that; *'planning and implementation of interventions are delayed .... We need to keep the momentum going'*. One participant described TRM as the perfect plan in an imperfect system, recognising that timeliness was also affected by the challenges of the multi-agency approach and in turn affected? the need to react to situations. As a solution, participants suggested that a summary report or headlines created at the meeting and agreed by those in attendance might be a helpful way forward to bridge the gap until the reports had been completed and circulated.

Timeliness was also seen as a feature in the choice of candidates for the TRM approach. It was suggested that; *'... we need to think about who we put forward when referring and consider timing of where the young person is in the process'*. However, there was recognition of the newness of the approach and that this pilot or initial phase would allow for; *'better planning and organisation around how we use it and who we use it with'*.

### 3.2.6 Unintended outcomes

Whilst all participants acknowledged that the TRM approach was a positive experience and had faith and belief in its value, there were also some unintended outcomes to its use which were identified. The complexity of multi-agency work was identified where; *'co-ordination can be really difficult and unintentionally one's own work might undermine the work of others ... there is no blame here, but occasionally we might get results by accident rather than by intention'*.

This multi-agency working theme was also highlighted in what was termed *'a brilliant and unintended outcome of using the model.'* Participants articulated the confidence that this approach engendered enabling some colleagues to take on; *'a case lead role for the team and hold their own in a multi-professional arena'*. For this group the model was thought by participants to support the confidence to challenge others; *'... if the young person is not ready we can say this and then discuss the delivery of work within a suitable and appropriate time period'*.

Working with different professionals and understanding their role was another outcome from the TRM approach; *'Working with a psychologist is really helpful ... even though the language at times can be challenging'*. Similarly, the opportunity to work together with colleagues from Statutory and Charitable organisations highlighted different roles and requirements and approaches to work and for some created; *'a real feel of inter-professional and inter-organisational collaboration working together for the young person'*.

### **3.3 Evaluation limitations**

This section briefly outlines the main limitations of the evaluation. These should be considered when reading the summary and recommendations of the report, and any conclusions that can be inferred.

#### **3.3.1 Sample**

The limited sample size means that it is not possible to generalise the findings i.e. that the experiences of those who took part in the evaluation reflect those of all individuals who were engaged in the various roles and components of the F4M evaluation. The process of data analysis seeks to establish a thematic overview based on the principle of abstraction which elevates data above the individual level.

However, it is not possible to rule out the possibility that those with views or experiences contrary to what is presented here were missed. The challenge of engaging participants in data collection required close liaison between the evaluation team and the F4M leadership team. Some participants are likely to have dropped out or been missed during the course of the evaluation.

#### **3.3.2 Evaluation focus**

The evaluation provides data concerning the experiences of a range of material stakeholders with respect to the toolkit's implementation. However, it is time-limited and the formative nature of the evaluation restricts the ability to confirm any improvements in outcomes for young people.

#### **3.3.3 Bias**

Participants who engaged in the evaluation did so of their own volition. Self-selection increases the likelihood that participants take part for a number of reasons which are not necessarily apparent. As such, there is the risk that data represent certain personal political and social motivations. The effects of these are potentially disproportionate given the small sample size.

## 4.0 Summary and recommendations

---

This section draws together the main findings that are derived from the evaluation framework. A summary is first provided in order to address each evaluation objective in turn, before a number of recommendations are presented.

### 4.1 Summary

The TRM Pilot forms part of the wider F4M toolkit that seeks to engage with young people in a trusting relationship to identify opportunities that support wellbeing and personal development, and which seeks meaningful partnerships with young people and other stakeholders in the community. As such, it is important to consider the results presented here in light of the full F4M evaluation report. However, for the purposes of addressing the evaluation aim of investigating the efficacy of the TRM model in helping practitioners to support care leavers and improve practice, knowledge, confidence and understanding of a trauma-informed approach, the following points can be made.

The tools used were described as useful and accessible that helped practitioners to develop empathetic attitudes towards young people and a greater understanding of their lives. Sequencing was identified as a principal benefit in helping professionals to stand back and assess all the relevant information and options available. This confirmed the model's ability to initiate a developmental approach with young people and indicated the presence of a structured and considered approach. The opportunity to identify, explore and interpret life events through a trauma lens offered an important insight that develop of client-centred interventions.

Engaging and maintaining young people in TRM-informed approaches could be challenging and some staff may take longer to feel comfortable and confident in using the model. This draws attention to the importance of ongoing training and support for practitioners to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model. Participants described the opportunity to engage with theory helped them to focus upon the practitioner-young person relationship and adopt a more mindful approach to practice and to their understanding of their work with the young person.

Challenges to the implementation of the TRM included finding time to bring psychologist and professionals together for meetings, and managing the complexities of multi-agency working.



However, a key outcome was a greater awareness and appreciation of other organisations which fostered greater inter-professional and inter-organisational collaboration.

#### **4.1.1 Objective 1**

**Investigate practitioners' experiences and perspectives concerning changes in practice, knowledge, confidence and understanding of a trauma-informed approach, reflection on the impact of the TRM on clients' experiences and outcomes, and future intentions.**

Generally speaking, there was agreement by respondents concerning the positive influence of the TRM across a range of dimensions including supporting care leavers, experiences of implementing the TRM and professional practice. Usefully, many of these related to core aspects of the TRM model with respect to supporting young people to better understand themselves and to think more independently. Furthermore, greater empathy, case management and multi-agency working were all perceived as beneficial outcomes.

Whilst the majority of respondents agreed that they intended to use the TRM to support and inform future practice, a lack of agreement in some areas suggests that practitioners did not all hold the same view and some were less convinced of the impact on outcomes for young people and the model's impact on professional practice. In this sense it is important to appreciate the diverse and complex nature of the intervention setting with regards to the role and experiences of practitioners and young people. This necessitates an ongoing process of development and support for both sides of the equation so that individual needs and preferences can be understood and responded to.

#### **4.1.2 Objective 2**

**To develop case studies, using telephone interviews, to further explore the impact of implementing the TRM model.**

In planning and organising the telephone interviews there were successes and challenges. All participants were keen to be involved and made time to share and discuss their experience of the TRM model. For some however, there were unexpected and unavoidable demands on their time necessitating cancellation of planned telephone interviews. Opportunities to reschedule were pursued but with little success. This was disappointing and impacted upon the researchers' abilities to

develop the case studies. As detailed within this report there are some key findings which are important for the long-term development and use of the TRM. The opportunity to develop case studies from current and future data collected would shed light on core aspects of the TRM model and allow for the development of useful resources to support understanding and wider and fuller adoption of the TRM.

## 4.2 Recommendations

In response to the evidence presented above the following recommendations are made.

Recommendation 1: Emphasise the long-term development of TRM-informed skills and knowledge in order to build and maintain an understanding of the model's uses and limitations;

Recommendation 2: Understand people's needs and preferences to ensure that the education and training of the TRM is pitched at the right level and in the right way;

Recommendation 3: Seek opportunities to promote the wider and fuller adoption of the TRM within the broader PIE approach with respect to the benefits for staff *and* young people;

Recommendation 4: Adopt a co-production approach in pre-intervention planning in order to ensure research methodologies are compatible with the complexity of interventions;

Recommendation 5: Explore opportunities to co-design research instruments with those at which they are targeted to ensure appropriateness and to minimise the negative impacts of engagement in research activities i.e. completing surveys;

Recommendation 6: Adopt longitudinal evaluation approaches that provide scope to establish evidence concerning the long-term impact of TRM-informed work for practitioners and young people.

## 5.0 Appendices

### APPENDIX A: TRM Survey

- Please state your name (this is so we can link your responses from the two surveys):
- Please state your age in years e.g. 50
- Gender
- Role

#### SUPPORTING CARE LEAVERS

[Please tell us how much you agree with the statements below.

Please answer: Don't know, or: there are five possible responses: 1 = I disagree a lot, 2 = I disagree, 3 = I neither disagree nor agree, 4 = I agree, 5 = I agree a lot.]

The TRM is useful for...

- engaging care leavers in discussions which help inform their care
  - helping care leavers plan for a positive future
  - increasing clients' self esteem
  - inspiring a greater sense of personal belief
  - developing confidence to think independently
  - helping clients manage difficult life situations
  - increasing trust and mutual respect
  - improving quality of care leavers' life skills (e.g. managing finances, health behaviours)
  - fostering positive relationships with support workers
  - improving clients' mental health
  - helping clients to focus on positive aspects of their lives
  - supporting clients to identify and manage risky behaviour
- 
- Overall, I think the TRM model helps provide the support care leavers need

#### EXPERIENCES OF IMPLEMENTING THE TRM

- Increases my confidence to support care leavers
  - Helps me understand and assess care leavers' needs
  - Helps me develop an empathetic attitude towards participants
  - Helps me access the information needed by care leavers and their families
  - Provides me with greater knowledge, skills and awareness concerning mental health issues
  - Helps me feel confident to advise participants about difficult subjects
  - Assists with identifying the optimal intervention method
  - Assists with case management and progression
  - Helps to improve staff relationships with young people
- 
- Overall, I think the TRM model improves the quality of my support
  - I intend to use the TRM to support and inform my future practice

#### PROFESSIONAL PRACTICE

The TRM...

- Improves communication within the team around the young person

- Facilitates effective multi-agency working
- The TRM model has made a real difference to my professional practice
- The TRM model has improved the quality of outcomes for the young people I am supporting
  
- In your opinion what are the best aspects of the TRM model?
- In your opinion what are the less positive aspects of the TRM model?
- Please use this space to add any other comments you would like to make:

## APPENDIX B: TRM interview guide

1. Can you tell me about your role here at 1625IP?

(responsibilities, function and processes, experiences, length of tenure...)

2. What have your experiences been with the TRM?

(engaging care leavers in discussions, supporting decision making, processes including working with other staff / agencies)

3. Can you describe how the TRM has influenced you and your practice?

(expectations, dealing with situations, before and after, thoughts about clients' issues and challenges)

4. In your opinion, what have been the good things about the TRM approach?

(why, situations and examples)

5. What have been the less positive aspects

(why, situations and examples)

6. Is there anything else you would like to mention that we haven't talked about

## 6.0 References

---

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Breedvelt, J.F. (2016). *Psychologically Informed Environments: A Literature Review*. Mental Health Foundation: London.
- Clarke, V. & Braun, V. (2013) *Successful qualitative research: A practical guide for beginners*. London: Sage.
- Guenther, K. (2009). The politics of names: rethinking the methodological and ethical significance of naming people, organisations, and places. *Qualitative Research*, 9, 411–421.
- Haigh, R., Harrison, T., Johnson, R., Paget, S. & Williams, S. (2012). Psychologically informed environments and the “Enabling Environments” initiative. *Housing, Care and Support*, 15(1), 34- 42.
- Johnson, R. & Haigh, R. (2010). Social psychiatry and social policy for the 21st century - new concept for new needs: the ‘psychologically-informed environment. *Mental Health and Social Inclusion*, 14(4), 30-35.
- Keats, H., Maguire, N., Johnson, R. & Cockersell, P. (2012). *Psychologically informed services for homeless people - Good Practice Guide*. London: Department for Communities and Local Government.
- Perry, B.D. (2013). The Neurosequential Model of Therapeutics: Application of a Developmentally Sensitive and Neurobiology-Informed Approach to Clinical Problem-Solving in Maltreated Children. In Brandt, K et al (Eds) (2013) *Infant and Early Childhood Mental Health: Core Concepts and Clinical Practice*, pp. 21-50. Washington D.C: American Psychiatric Press.
- Skuse, T. & Matthew, J. (2015). The Trauma Recovery Model: Sequencing youth justice interventions for young people with complex needs. *Prison Service Journal*, 220; 16-25.
- Woodcock, J. & Gill, J. (2014). Implementing a psychologically informed environment in a service for homeless young people. *Housing, Care and Support*, 17(1), 48-57.