

**Manchester
Metropolitan
University**

Faculty of Health & Education

Independent evaluation of the *Healing Together* programme

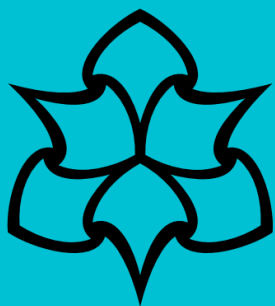
***Report for Innovating Minds and Salutem Care
and Education***

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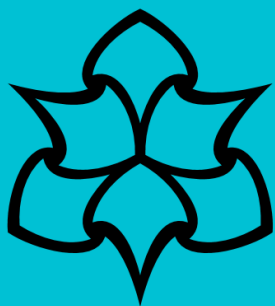
on behalf of Manchester Metropolitan University

25th November 2024



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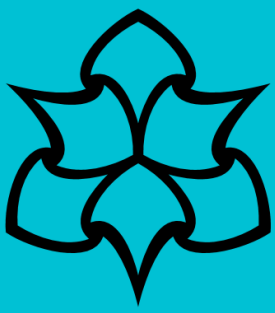


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This is the final report prepared as part of the independent evaluation of the *Healing Together* programme for Innovating Minds and Salutem Care and Education. It was conducted by an interdisciplinary team of researchers from the Faculty of Health and Education at Manchester Metropolitan University (MMU). The interdisciplinary research team comprised Dr Su Lyn Corcoran (PI, Education), Claire Agius (Social Care), Dr Jennifer McGahan (Psychology), Dr Kate Wicker (Education).



Executive Summary

By equipping practitioners with the skills and knowledge needed to recognise the impact of trauma and offer informed support, the *Healing Together* programme aims to create a broader, more integrated system of care. As a community-based model, it aims to ensure that children are surrounded by adults who are capable of responding to their needs in a trauma-informed manner, whether in schools, residential homes, or other settings. It also addresses the issue of scalability, as it enables a wider network of practitioners to deliver support without relying exclusively on specialised mental health professionals. The programme acknowledges the importance of reparative relationships in the healing process. For children and young people who have experienced trauma, building trust with adults can be difficult¹. By training individuals who are already part of the child's daily life, the programme helps to foster these critical relationships in a natural, supportive environment. This not only aims to enhance the effectiveness of the support provided but also makes it more sustainable in the long term.

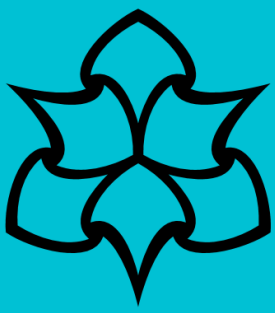
This evaluation of the *Healing Together* programme set out to understand four key questions using a qualitative approach to explore the impact of programme – and trauma-informed approaches – on the support for children and young people living in residential settings. The following research questions framed the evaluation:

1. How do participating practitioners experience the *Healing Together* training and how could this be improved going forward?
2. How has the training and delivery of the *Healing Together* programme impacted on their practice of supporting the children and young people they are caring for?
3. What is the perceived impact of the *Healing Together* programme on the children and young people being supported by the practitioners?
4. What is the perceived systemic impact of the *Healing Together* programme and training on the residential settings and the organisation?

Overall impact of the *Healing Together* training and programme

The *Healing Together* programme has noticeably transformed Salutem Care and Education, impacting individual practice, organisational culture, and systemic processes. The adoption of trauma-informed approaches has fostered a more compassionate and effective model of care. Ultimately, the journey toward a fully trauma-informed organisation is a long-term endeavour that requires commitment, investment, and a shared vision for improved outcomes for children and young

¹ Golding K. S. (2020) Understanding and helping children who have experienced maltreatment. *Paediatrics and child health*, 30(11):371–377.



people. However, the evaluation findings suggest that the roll out of the programme so far has had a positive impact.

As practitioners have adopted trauma-informed practices, the ethos of the organisation has moved from a therapeutic model to embracing a trauma-informed identity, and a commitment to understanding and addressing the underlying trauma experiences of the children and young people within residential settings.

The integration of trauma-informed principles into Salutem's core identity through the *Healing Together* programme has led to a transformation in organisational culture focused on empathy, collaboration, and continuous professional development.

The importance of staff wellbeing is emphasised in creating a sustainable trauma-informed environment, where practitioners feel both equipped with the knowledge and skills to respond to trauma and a greater efficacy in their work.

As such, the Healing Together programme has the potential to positively influence staff recruitment and retention by fostering a supportive environment that values wellbeing and collaboration.

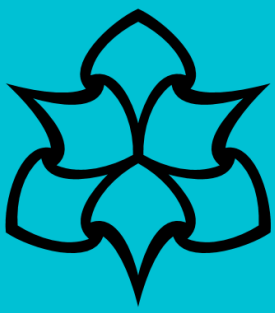
The evaluation highlights the importance of developing a continuous learning culture for addressing the complexities of trauma and its impact on children and young people, as the journey toward embedding a trauma-informed approach is an ongoing process requiring sustained effort and commitment from all levels of the organisation.

According to the practitioners interviewed as part of the evaluation, the change in culture and practice brought about by the *Healing Together* programme has had a positive impact on children and young people's behaviour, their emotional skills, and their ability to build strong relationships.

The programme equipped practitioners to directly support children and young people to develop increased emotional awareness, which has improved their interactions with the frontline practitioners who support them.

The programme supports practitioners to prepare children and young people for life beyond the setting, providing a 'toolbox' of strategies that they can employ to scaffold their coping mechanisms and equip them with practical tools that develop resilience to future challenges.

The above changes have been recognised by Ofsted, commissioners, and social workers interacting with Salutem Care and Education.



Introducing the Healing Together programme

Trauma and early life experiences

Childhood trauma, particularly among children who are looked after or have experienced abuse and neglect, is a critical issue in contemporary child welfare and mental health services. Research shows that trauma during early life stages can have profound and long-lasting effects on a child's emotional, cognitive, and social development². Children in foster care or residential settings are particularly at risk of these developmental disruptions, as they are disproportionately affected by adverse childhood experiences.³ These include not only direct experiences of abuse (physical, emotional, or sexual) and neglect but also secondary traumas such as experiencing domestic violence, parental substance abuse, or mental health challenges.⁴

The developers of the *Healing Together* programme, Dr Asha Patel (Clinical Psychologist) and Jane Evans (Trauma Informed Expert), underscore this prevalence and the urgent need for early intervention, tailored specifically to children who have faced such adversity. The importance of recognising trauma as a foundational factor in these children's lives cannot be overstated, as it underpins both their immediate needs and long-term outcomes.

The trauma these children endure often manifests in behavioural, emotional, and developmental difficulties that are complex to address through conventional therapeutic approaches. Children who have been through traumatic experiences tend to struggle with trust and attachment, making it harder for them to engage in and benefit from traditional one-on-one therapy models, such as Cognitive Behavioural Therapy.

Addressing childhood trauma effectively requires a comprehensive, trauma-informed approach that takes the unique challenges these children face into account. This includes creating safe, supportive environments where they can begin to process their experiences and develop resilience. Early intervention plays a critical role in mitigating the long-term effects of trauma, allowing children to build coping mechanisms and emotional regulation skills that will serve them throughout their lives.

² van der Kolk, B. A. (2007). The Developmental Impact of Childhood Trauma. In L. J. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 224–241). Cambridge University Press.

³ Turney, K., & Wildeman, C. (2017). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey. *Child abuse & neglect*, 64:117–129.

⁴ Felitti V, Anda R, Nordenberg D, et al (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine* 14(4): 245-258.



Healing Together

The *Healing Together* programme represents a departure from conventional therapeutic models, moving towards a more scalable and sustainable approach to supporting children affected by trauma.

One of the key innovations of the programme is its focus on training community-based practitioners, including teachers, carers, youth workers, and others who regularly interact with children. This shift is grounded in the understanding that children who have experienced trauma benefit from consistent, ongoing support, rather than relying solely on formal therapy sessions. By equipping practitioners with the skills and knowledge needed to recognise trauma and offer informed support, *Healing Together* aims to create a broader, more integrated system of care.

As a community-based model, it ensures that children are surrounded by adults who are capable of responding to their needs in a trauma-informed manner, whether in schools, residential settings, or other settings. It also addresses the issue of scalability, as it enables a wider network of practitioners to deliver support without relying exclusively on specialised mental health professionals. The programme also acknowledges the importance of reparative relationships in the healing process.

The programme addresses the fact that for children who have experienced trauma, building trust with adults can be difficult⁵. By training individuals who are already part of the child's daily life, the programme helps to foster these critical relationships in a natural, supportive environment. This not only enhances the effectiveness of the support provided but also makes it more sustainable in the long term.

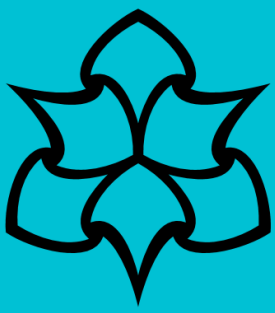
Programme structure

The *Healing Together* programme is designed to be accessible and engaging for children of varying ages and backgrounds. It incorporates a range of activities, tools, and delivery methods that can be tailored to the needs of individuals and groups. For example, the use of grounding exercises and tools offers children experiences of how it feels to be momentarily safer and calmer in their bodies and in the present moment. These exercises are a core component of the programme, offering practical strategies for emotional regulation.

In addition to these exercises, the programme uses relatable illustrations and stories to help children and young people understand complex emotions and concepts related to trauma. These visual aids are particularly valuable for younger children or those who may struggle to articulate their feelings verbally⁶. The content is designed

⁵ Golding K. S. (2020) *ibid*

⁶ Mazzeo G, Bendixen R. Community-Based Interventions for Childhood Trauma: A Scoping Review. *OTJR: Occupational Therapy Journal of Research*, 43(1):14-23.



to be adaptable, allowing practitioners to adjust delivery to suit different learning styles and developmental stages.

The flexibility of the programme is promoted as one of its key strengths. Whether delivered in schools, residential settings, or community settings, the programme has been designed to be modified to fit the specific context and needs of the children involved. This adaptability aims to ensure that the content remains relevant and engaging, which is crucial for maintaining the participation and interest of children and young people who may be reluctant to engage with therapeutic activities.

Practitioner/facilitator training

A fundamental component of the *Healing Together* programme is the training provided to facilitators. These are often non-specialist practitioners who play a critical role in the programme's success. Comprehensive training aims to equip them with the knowledge and skills needed to deliver the programme in a trauma-informed way, to ensure that they can support children and young people effectively.

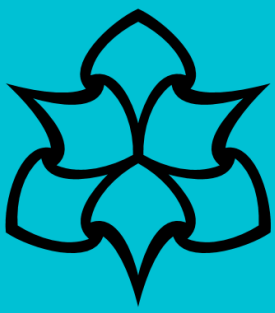
Facilitators undergo two days of core training, which covers key concepts related to trauma and its effects on children, as well as practical strategies for delivering the programme's content. The core training also includes guidance on becoming trauma-informed practitioners; practitioners that pay attention to their own state and accept children and young people for who they are. This is especially important when working with children who have experienced trauma, as they may be more sensitive to perceived threats or criticism.

Following the core training, facilitators participate in online self-directed learning modules. These modules allow them to deepen their understanding of specific topics, such as anger, anxiety, and domestic abuse, which are relevant to the children's experiences that they will be addressing.

Ongoing support for facilitators is also a key feature of the programme. This can take the form of group coaching sessions, where facilitators can share experiences and learn from one another, as well as one-on-one coaching sessions with the *Healing Together* trainer, tailored to individual needs. Regular supervision and opportunities for feedback allow facilitators to reflect on their practice and make adjustments as needed. This support network not only helps to maintain the quality of programme delivery but also provides facilitators with a sense of confidence and competence in their role.

Feedback

The *Healing Together* programme is designed to be dynamic, with a built-in mechanism for collecting feedback from both facilitators and children. This feedback is used to make continuous improvements to the programme, ensuring that it



remains effective and relevant to the needs of its participants. For example, facilitators are encouraged to share their experiences of delivering the programme, including any challenges they encounter and suggestions for improvement.

Similarly, children who participate in the programme are given opportunities to express their thoughts and feelings about the activities. This feedback loop allows for real-time adjustments to be made, ensuring that the programme evolves in response to the diverse needs of its users.

Inclusivity and accessibility

Inclusivity is a central principle of the programme. The programme materials are designed to reflect a diverse range of experiences and backgrounds, ensuring that all children can see themselves represented. This is particularly important when working with children from marginalised communities, who may feel alienated by resources that do not acknowledge their unique experiences. Accessibility is also a key consideration. The programme is structured in a way that allows facilitators to tailor the content to the needs of different children, ensuring that it remains engaging and effective regardless of a child's age, developmental stage, or background. The flexibility in the delivery of the programme aims to support the children to access the programme in a manner that feels safe for them.

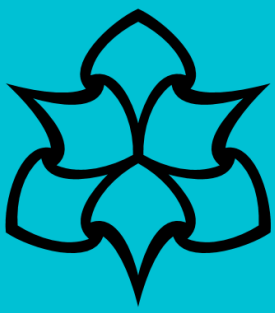
Challenges to implementation

Despite its many strengths, the programme faces several challenges, particularly in settings such as children's residential settings. One of the primary difficulties is measuring the impact of the programme. While the programme's flexibility and adaptability are strengths, they can also make it difficult to assess its effectiveness in a consistent way. Developing robust, reliable methods for measuring outcomes is essential for demonstrating the programme's long-term value and securing ongoing support and funding.

Long-term sustainability

The ultimate goal of the *Healing Together* programme is to create lasting, positive change in the lives of children affected by trauma. By focusing on training a wide network of practitioners and embedding trauma-informed practices within community-based support systems, the programme aims to ensure that its impact extends beyond individual sessions.

The emphasis on sustainability is critical, as it reflects a commitment to long-term change. Rather than relying on short-term interventions, the programme is designed to build a foundation of support that children can continue to draw upon as they grow and develop. This focus on long-term impact ensures that the programme can make a meaningful, lasting difference in the lives of children who need it most.



Research Design

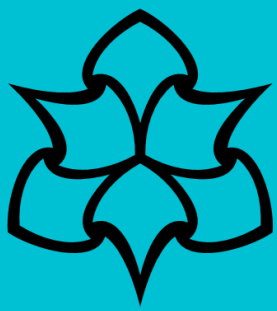
The *Healing Together* programme represents an innovative, scalable approach to supporting children affected by trauma. Through a combination of community-based support, comprehensive facilitator training, and flexible, inclusive content, the programme is well-positioned to make a lasting impact on the lives of children and young people considered to be vulnerable. However, ongoing attention to challenges such as engagement and impact measurement are crucial to ensuring its continued success. This evaluation was commissioned to understand the impact of the *Healing Together* programme so far and to develop a theory of change that could frame future monitoring and evaluation of the programme in residential settings.

The evaluation team set out to understand the impact of the training on the practice of frontline practitioners involved in the care of children and young people in residential settings run by Saludem. The study followed a theory of change approach, focused on the aims of the trauma-informed training, as defined by the theory of change developed by Innovating Minds for the *Healing Together* programme. This theory of change was adapted by the research team to apply to residential settings. It initially framed the evaluation and was later adapted for future use based on the data generated as part of the evaluation (Appendix 1).

The research team adopted a qualitative approach to data generation, focused on understanding of the underlying mechanisms of change as well as the contextual barriers and factors impacting the outcomes described by theory of change.

Operationalising impact as changes in the pedagogies of practice of those who have undergone training, and the changes in behaviour that they perceive in the children and young people they support, the following research questions framed the evaluation:

1. How do participating practitioners experience the *Healing Together* training and how could this be improved going forward?
2. How has the training and delivery of the *Healing Together* programme impacted on their practice of supporting the children and young people they are caring for?
3. What is the perceived impact of the *Healing Together* programme on the children and young people being supported by the practitioners?
4. What is the perceived systemic impact of the *Healing Together* programme and training on the residential settings and the organisation?



Data Generation

At the time of the evaluation, a total of 65 Salutem staff members had received the *Healing Together* training and had access to the *Healing Together* programmes to deliver with the children and young people. An invitation email from the research team was sent to each of these staff members by Salutem senior leadership. The evaluation was also highlighted to staff during weekly meetings. Efforts to recruit frontline practitioners continued for three months.

The email outlined the aims of the evaluation and asked interested staff members to contact the research team if they wished to be interviewed as part of the study. Participant information sheets and consent forms were then sent to the interviewees in a reply email and an interview time arranged. The interviews lasted between 30 minutes and an hour. They were semi-structured, designed to enable the participants to take control of the conversation.

Seven general questions were designed as a guide for the interviewer. These questions focused on the interviewee's experiences of the training and how it impacted their work with children and young people, the residential settings' social environments, Salutem as an organisation, and the children and young people being supported. Additional questions were asked about the impact of the programme on how frontline practitioners are supervised and supported and the language used in reporting. The phrasing of these questions depended on whether the participants were in frontline practitioner or managerial roles.

Nine participants were interviewed as part of the study. They included two Salutem directors, six people in managerial positions and one frontline practitioner. As such the recommendations for future work arising from this evaluation are based more on a managerial position than on the direct experiences of frontline practitioners.

The interviews took place on Microsoft Teams and were recorded and transcribed using the Teams software. Once the transcripts had been checked against the recording, the recordings were deleted. The anonymised transcripts were then thematically analysed. Drawing on Braun and Clarke's⁷ guide to reflexive thematic analysis, each interview was analysed by two members of the research team, not to ensure interrater reliability, but to identify themes that were important to the position of researchers from multiple disciplines. The research team was comprised of researchers drawn from across the Faculty of Health and Education at Manchester Metropolitan University – in the departments of education, psychology, and social care. Bringing their particular subjectivities and experience to the analysis process informed the generation of a wider range of themes, within the framework of the research questions.

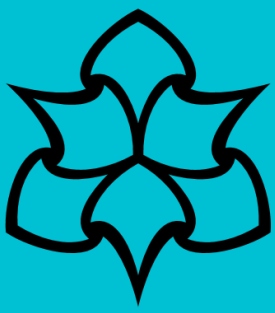
⁷ Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.



Ethical considerations

Ethical approval for data generation was provided by the Faculty of Health and Education Research Ethics and Governance Committee (Ethos project code: 68083). Although the study and the interview questions were concerned with the delivery of the training and the impact of the learning on practice, it was recognised that the participants work with children and young people who have experienced trauma. Therefore, it was necessary to anticipate the ethical considerations suggested by the potential for vicarious trauma and re-traumatisation during the interviews.

The identities of the participants were not disclosed, but the interview timetable was shared with the directors at Innovating Minds and Salutem so that support would be on hand should it be required. As explained in the participant information sheets, the participants were given the option to stop the interview at any time and were prompted to contact Innovating Minds or Salutem for follow up support.



Addressing the research questions

The interview data was thematically analysed to generate themes related to the impact of the *Healing Together* programme on Salutem's work. In the following sub-sections, we explore the analysed data in relation to each of the four research questions that framed the evaluation process.

RQ1: How do participating practitioners experience the *Healing Together* training and how this could be improved going forward?

This section answers Research Question 1, which focuses on how practitioners experience the training for the *Healing Together* programme provided by Innovating Minds, and how it might be improved going forward. As explained in the Introduction and the theory of change (Appendix 1), the training and support provided by Innovating Minds consists of a two-day training course, access to resources, and ongoing consultation.

Content, delivery, and facilitation of the two-day training

Interview participants were asked what their training involved, its strengths, and any points for improvement. Four participants talked positively about the content of the training. Three said that the training built on and refined their existing knowledge on trauma. A frontline member of staff said:

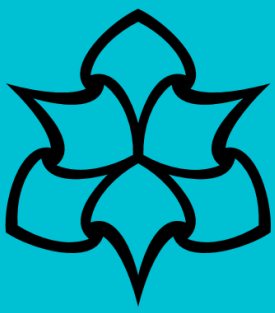
'It was quite informative. It was really eye-opening and educative as well' (P3).

The combination of theory and practice was appreciated by all four of these participants, who reported that a particular strength of the training is its focus on how to adapt practice to be trauma-informed. One participant, who is in a managerial position, said:

"I always say to the teams [...] having the knowledge is one thing, but being able to apply it in practice is different. And for me, Healing Together gives us both." (P1)

The facilitation of the training sessions was well received, with two participants giving positive feedback on the knowledge, experience, and enthusiasm of the trainer. Another two participants particularly appreciated the sensitivity of the training and the support offered to practitioners within the session. One participant valued the work of the trainer in making the training relevant to the audience, in terms of inviting participants to relate the learning to the particularities of their own settings.

Participants are given a manual to support them to deliver the sessions with children and young people. One participant gave positive feedback on this, saying that the structure and guided nature of the six sessions provided clarity for practitioners.



Another gave positive feedback on the inclusivity of the animations that are used in the training. However, one participant mentioned that completing the necessary activities alongside their existing workload was a challenge.

In terms of the format of the two-day training, there was positive feedback from two participants on the balance of presentations and group discussions, which were felt to maintain participants' engagement and enhance their learning. Participants found the pace of the sessions appropriate, as well as the length of time between the two sessions that allowed for some reflection on learning.

However, the challenges of making fundamental changes to longstanding practice were discussed by two participants. One reflected that the two-day training format made it challenging to fully integrate learning into practice and suggested multiple shorter sessions with time between to implement changes in practice alongside the learning process.

There was some reflection from participants on the online delivery of the training and follow-up support. Three participants described challenges including retaining information and maintaining focus. Two participants felt that in-person training with higher levels of interaction would be preferable, and a third said that in-person follow-up support would be useful in enabling meaningful exchanges between colleagues.

A feature of the training is the inclusion of trainees from a range of different settings. Two participants gave positive feedback on this, finding it useful to share experiences with participants from other settings in similar roles. One highlighted the peer support aspect in particular:

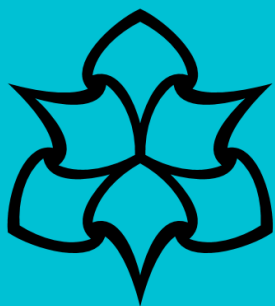
"It was nice to hear from other people because sometimes when you're in this job, you feel like it's only you in this job and it gets quite difficult because you get stuck and you're like, is anyone else feeling the way I feel?" (P9)

One participant however found that in their session, conversation was dominated by a larger group of practitioners from a different professional background, and they felt marginalised and excluded in the space as a result.

Follow-up support

Innovating Minds organise regular online meetings for practitioners who have completed the training. They also provide contact details so that they can be contacted on an individual basis for advice and support. This on-demand support from Innovating Minds was valued by two trainees, who appreciated being able to contact the organisation for clarification and advice after the training days.

Four participants discussed the online drop-in sessions. They found it useful for themselves and their staff teams to have this support as they worked through the implementation of the programme. They also provided an opportunity to hear about



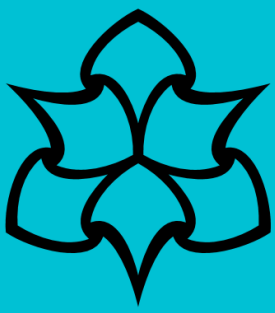
colleagues' experiences in other settings and exchange ideas about effective practice. One participant, in a frontline role, said:

"It has been quite useful because when we catch up like that, you tend to learn from other facilitators and how...they've done things differently and...you think about how it correlates to what you're doing and what you plan on doing. And then the host would talk about if it is the right approach to take, and if not, would devise a different means on how to go about it?" (P3)

The importance of follow-up support was highlighted by two participants who described group chats and catch-up calls organised internally with colleagues who have completed the training that are useful for sharing ideas, offering support, and motivating colleagues.

While feedback indicated the importance of making follow-up support available to participants after the two days of training and the challenge of maintaining staff morale, one participant had observed low attendance at follow-up sessions and three said that it was difficult for themselves and colleagues to find the time to access the follow-up sessions. One participant suggests a focus group to facilitate staff reflection on the programme.

Overall, the analysis finds that the learning has been well received by practitioners, who have found the training useful for their practice. At the same time, there are suggestions from trainees for improvements particularly around in-person delivery and long-term support with implementation.



RQ2: How has the training and delivery of the *Healing Together* programme impacted on practitioners' practice of supporting the children and young people they are caring for?

Three distinct yet interrelated themes were generated in exploring the impact of the *Healing Together* programme on staff practice. These themes centred on the transformation of practitioner mindsets around trauma-informed practice, the effectiveness and long-term outcomes of the training programme, and the collaborative support among staff.

Practitioner mindset

Participants described how the training influenced their approaches, mindset shifts, reflective practices, and personal growth. A significant focus from several participants was on developing a new understanding and sensitivity to trauma-informed practices, particularly around the use of language. This change in language was more than just a shift in terminology; it represented a broader empathy-focused, trauma-aware approach that staff began to apply across their interactions with children and children and young people. Language often reflects deeper changes in attitudes and approaches, and in this context, it reveals how practitioners have adopted trauma-informed perspectives in their interactions and documentation.

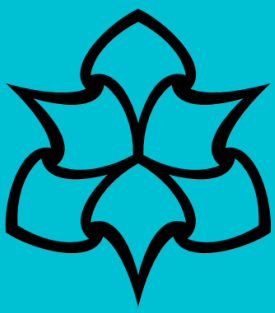
"And for me, having that knowledge really enabled me to lace that trauma-informed practice into what I do. It impacted on the language that I use when I write the individual positive behaviour support plans and some of the strategies that I try to describe to the staff to implement when kids are distressed and how to deal with that." (P1)

This shift in language, from traditional behaviour management terms to those aligned with regulation of the body and co-regulation, demonstrates a fundamental transformation in how practitioners view and support children and young people.

"I changed a lot of my templates when supporting children and young people. Our templates for positive behaviour support plans talked about distress and about anxiety. Now we talk about dysregulation and being emotionally overwhelmed and we've started using that language. So, rather than things like de-escalation, we'll talk about co-regulation or supporting people to regulate. It has definitely had a significant impact on the language that I started using with the children." (P1)

Together these quotes effectively capture the essence of this mindset shift, illustrating how practitioners are adopting a more empathetic body-based co-regulating approach in their practice with children and young people, based on trauma-informed values that prioritise relational support.

Reflective practice was seen as a critical component of the *Healing Together* programme, as participants emphasised the need for continual self-assessment to enhance their trauma-informed approach. One participant highlighted this, saying,



“And that was brilliant for me because we should always be challenging our thought process, every single day when we're working with children from trauma.” (P8)

This reflection points to the importance of practitioners regularly evaluating their own beliefs, assumptions, and practices, to ensure they are providing the best support possible. By continually challenging their thought processes, practitioners not only reinforce trauma-sensitive practices but also cultivate personal growth, remaining adaptable, open to new insights, and committed to providing empathetic, effective support for children and young people impacted by trauma.

Programme effectiveness and long-term outcomes

Participants discussed the overall effectiveness of the *Healing Together* programme on their practice, identifying strengths, areas for improvement, and long-term goals.

The Healing Together programme's effectiveness was not only reflected in staff's daily practice but also in its potential to foster long-term resilience and self-efficacy in children and young people, preparing them for successful transition beyond the residential setting. One manager described their efforts to equip children and young people with a “toolbox” of coping strategies, designed to support emotional wellbeing and independence well into the future, explaining:

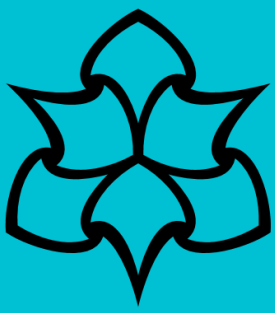
“One of the things that we created within the division was a toolbox. The aim is that our children will leave us with a toolbox of coping mechanisms and strategies.” (P8)

This emphasis on practical skills reflects the programme's commitment to preparing children and young people to manage challenges alone, encouraging a shift from dependency on staff toward self-sufficiency. This same manager added:

“It helps me to see how the practitioners can create and add tools to the children's toolbox. And taking the strategies that they learn with that programme into their adulthood or as they move throughout their journey, when they leave us.” (P8)

By embedding trauma-informed practices that children and young people can draw upon in various life situations, the programme aims to empower them to face future challenges with confidence. This dedication to building resilience and life skills illustrates the programme's broader impact, ensuring that the support children and young people receive endures long after their time in care.

Participants also shared insights into some of the practical challenges they encountered in delivering and maintaining the programme effectively. One participant noted that some practitioners showed resistance or difficulty in adapting to new practices, observing that certain individuals appeared set in established methods, which limited their adoption of trauma-informed approaches. The participant also suggested that some staff might not fully understand or believe in the training's principles, which could affect their engagement and ability to implement it effectively.



This feedback suggests that attitudinal barriers among staff, stemming from longstanding beliefs or lack of engagement, could hinder the programme's intended impact. Addressing these internal challenges may be key to strengthening the long-term success of the programme.

"Some staff haven't changed their practice at all. I'm not sure whether they fully understood training. Maybe they don't believe in what they're delivering. Some people are quite set in their ways as well, so it's sometimes hard to teach somebody a completely new way of learning." (P6)

Collaborative support among staff

Participants valued teamwork, support structures, and collaborative learning, seeing these as key to strengthening outcomes for both the staff and the children and young people. This collaborative environment was also noted for enhancing practitioner engagement and retention, as the *Healing Together* programme created a strong sense of shared purpose and community. Participants highlighted the significance of dedicated spaces for peer support, where practitioners could openly discuss both challenges and successes.

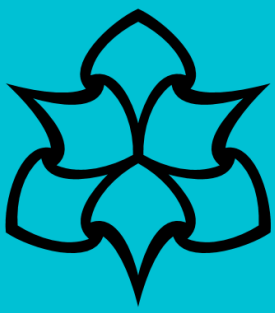
"There is a specific chat [digital channel] for the facilitator. Everyone who attended the training is part of it. It's really nice because people will say: 'oh, I had a really hard session' and then everyone was going like 'just keep on going'. So it keeps up the motivation...because trauma is quite emotionally provoking. Being able to share that experience and knowing that you're not in it alone, if that makes sense. I think that really helps the staff team as well." (P1)

This sense of community not only provided emotional support but also helped practitioners share strategies and solutions, building a robust knowledge base and reducing feelings of isolation in their challenging roles. Participants reported that these shared interactions were critical for maintaining motivation, particularly when facing emotionally difficult sessions.

The trauma-informed approach was also seen as a potential contributor to positive engagement in recruitment and retention, since it was noted as a distinctive feature that new employees might value:

"So people do get quite excited, and that's definitely helped with recruitment as well because you can maybe talk about all of these things when we're interviewing and about our trauma-informed approach."

The collaborative support structures not only helped practitioners feel more connected and supported in their work but also strengthened their capacity to engage meaningfully with children and young people, ultimately enhancing the impact of the *Healing Together* programme.



RQ3: What is the perceived impact of the *Healing Together* programme on the children and young people being supported by the practitioners?

The third research question focuses on the perceived impact of the *Healing Together* programme on the children and young people at Salutem's settings. Thematic analysis of the interview transcripts in relation to this question generated three themes related to the impact of the programme on children and young people's behaviour, their emotional skills, and their ability to build strong relationships.

In relation to these themes, the impact that the participants referred to was mainly predicted impact. Two of the participants described their observations of changes in the children and young people, and the others provided overviews of how their practice – and/or the practice of their colleagues – has changed and what this would mean for the children and young people they support.

Impact on behaviour

Participants suggested that the introduction of the trauma-informed programme would lead to a reduction in behavioural incidents, particularly among older children and adolescents. However, many of the references to incident occurrence rates suggest a reduction in the future rather than a reduction in observed incidents. The participants discussed how the trauma-informed approaches were understood and implemented and suggested that this might lead to improved behavioural outcomes.

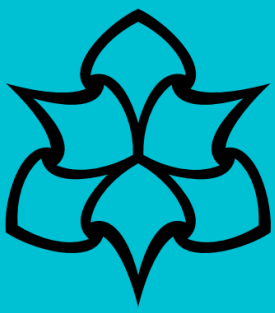
One frontline practitioner gave a tangible example that arose as a result of how the training sessions specifically covered the importance of children and young people taking ownership. This practitioner worked with young people to develop a sense of ownership towards the setting environment. In this instance, the young people's negative behaviours were attributed to property damage:

“they had pulled down the pictures, thrown stuff at the walls, there were like some holes in the wall. There were door handles hanging off” (P9)

Therefore ‘ownership’ was facilitated by asking the young people to design and decorate the rooms at the setting.

“since then we've had some behaviours, but they will not touch anything because that's theirs.” (P9)

This example shows how the programme facilitated a greater sense of belonging and responsibility and reduced destructive behaviours, potentially due to the children and young people feeling increased personal connection to their environment. The act of designing their own rooms allows children and young people to express themselves creatively and take pride in their space, which can be therapeutic and stabilising.



Another participant, this time a manager, described how the introduction of *Healing Together* initially led to increased dysregulation in young children, as they begin to confront and process previously unaddressed emotional issues.

“I wonder whether it is talking about those difficult things and opening that place that they potentially just have really hidden and buried inside that's potentially led to them to becoming a little bit more dysregulated more regularly. But I would have to kind of have a proper look at the data to be able to answer that in a kind of a real way, if that makes sense.” (P1)

While this manager witnessed an initial increase in the number of incidents, they felt that the number would decrease over time, as the children and young people became more familiar with understanding and communicating their emotions.

However, it should be noted that the *Healing Together* programme is not designed to be used to confront and process previously unaddressed emotional issues in this way. The choice of the participant to use the programme like this would lead to an increase in dysregulation, and highlights the need for ongoing coaching and support to maintain programme fidelity.

Another participant commented on the positive impact of the programme in a service with younger children with high levels of behaviour incidents.

“The one service which does have high levels is a younger child service which you kind of expect. And that's purely around boundaries and things like that, which Innovative Minds helps us to put in place and that's changed a little bit” (P5).

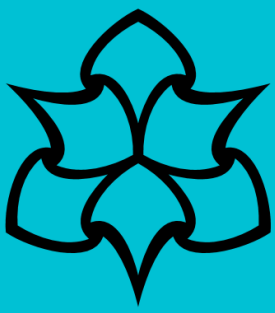
Impact on emotional skills

The increased processing of emotions and the externalisation of feelings in the children and young people described above is directly supported by the content of the *Healing Together* programme. The participants provided many examples of how the programme directly supports children and young people to develop skills including emotional awareness, identification, and regulation. Participants reported how increased emotional awareness resulted in an improvement in interactions between frontline practitioners and children. As one manager described:

“they [frontline practitioners] have seen children opening up and they have seen children sharing more than they have before”. (P1)

One participant described the positive impact of a *Healing Together* session with a child who was struggling to communicate his preferences about family contact visits. The session provided a safe space for him to articulate his thoughts and feelings, where they were validated by a practitioner. This highlights how this approach aligns with trauma informed practices that prioritise the child voice and agency in their care.

“His emotions were everywhere. He was going back to old behaviours again and his self-harm was worse than it ever was before... I did the session with him and oh, my god, it



was incredible [visible emotion]...*Healing Together* is more child-led. It's more on let them take charge. So I got out some picture cards of different emotions and I sat there and whatever he said, I repeated, just to [let him] know that I'm listening. And he was able to tell me how he felt. He was able to tell me

that 'I'm not OK. My mind's a bit fuzzy.' I knew he was able to tell me why it was fuzzy and why he wasn't OK, and he also disclosed more information about what happened to him. And then he was able to tell me that I don't want no more contact in regard to specific members of his family." (P9)

Participants reported that children and young people who had participated in the *Healing Together* sessions had an increased ability to understand and identify their emotions. One manager described how a better understanding about anger (developed through the programme) was a factor in reducing the number of physical incidents for one child.

"I know one of our young boys engaged in a really good session. He struggles with anger and he'll break all of his property in his bedroom. He was able to sit with staff and identify where he feels that anger in his body and what that looks and feels like for him. And he's like, 'you know what, I've never really thought about that. I just thought I'm angry'...there's been definitely a decrease in his physical sort of outbursts... He's transitioning back home. So, he's in the process of moving home and that's something that's been brought up in those transition meetings and that he's got that support to be able to process and understand his feelings now, so that when he is back home with mum, he's got a better handle on that" (P2)

Another participant reported a reduction in aggressive and anxious behaviour as a result of participating in the programme. This combination of reduced conflict, lower anxiety, and improved behaviours are a critical indicator of a therapeutic environment. The participant implied that the *Healing Together* programme is the reason for the changes in behaviour.

"Our kid who used to fight regularly back then in school. She's not really been fighting. Some months before her GCSE, she stopped fighting. Like we stopped getting reports of her fighting in school. And the kids at the setting, they don't really fight themselves. So those kind of fights [are not there]. The anxiety level for the kids dropped because. They were also able to do well with the exams and pass. You know in the environment, the kids, they relate to themselves. They can go out together on activities, spend time together, all of that, which is really good." [P3]

This comment suggests an increased level of self-understanding in the children and young people involved in the programme. Another participant effectively explains why this is the case.

"[the programme] actually gives the kids the understanding of why they respond in certain ways...for a lot of the kids, [their] responses are out of control and disproportionate to the situation and they are at the stage in their development that that not all of them necessarily have the insight to understand why things become such a big deal so quickly.



So, I think it really helps them to understand their response. And also gives them strategies to manage it in a better way as well.” (P1)

Overall, participants perceived the impact of the programme to be enhanced by the informal, flexible delivery. Participants specifically reported that the sessions were not viewed as a therapeutic intervention and consequently the young people did not feel pressured or forced to participate.

“They've got some really good results for the children. And the children like that level of engagement because it's almost like they're engaged, but they don't realise they're engaging because it's fun and enjoyable” [P5]

This example demonstrates that a strength of the Healing Together programme was the flexibility to integrate programme content with regular activities. This informal delivery in a safe, familiar, and predictable environment may make the children and young people more open to discussing difficult emotions regularly, rather than only during scheduled sessions. For children with trauma histories, face-to-face therapeutic delivery may be challenging due to the stigma of accessing therapy as well as preconceived expectations of the activities. One participant articulated the benefits of adopting a more indirect approach to session delivery.

“But we know our young people, you say to them, ‘oh, you're going to therapy on Tuesday’. ‘No, thanks. I'm not doing that’. Whereas with this, it's not therapy, but it's such a subtle way of getting them to think about their emotions and their emotions are valid” [P2]

One participant did report that some children and young people did not want to complete the whole programme. This participant felt that these children disengaged because they did not want to talk about their feelings.

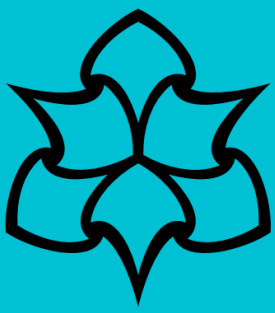
“We haven't actually finished the whole 6 sessions. We've got to about four and then the children have said, actually I don't want to do it anymore. I think that's just because the deeper you get into it, the more they don't want to talk about their feelings.” (P6)

However, there is no expectation that children and young people discuss their feelings as part of the programme, or that they complete the six sessions in a set timeline. It is important that the sessions are delivered in a way that enables the children and young people to connect with a safe adult and feel safe.

Ongoing coaching and support would assist this participant to reflect on the implementation of the Healing Together programme and how they may adapt delivery to the needs of the young people they are working with.

Building strong relationships

A key aspect of *Healing Together's* intended impact is an improvement in relationships and stability as evidenced through the retention of children and young people within a residential setting and/or their reunification with family members. Children and young people who have experienced trauma can often bounce



between alternative care settings, potentially as a result of their emotional development needs and related behaviours. Building trusting relationships with staff at the settings and other adults such as foster carers and family members are essential to ensuring that they develop a sense of belonging.

The programme has affected retention of young people in the sense that staff are doing the work with the young people and so the support is there to enable the young people to stay.

"[referring to one of the children at a setting] it could have been a very different conversation a year ago in the sense of, well, we can't do this anymore, he needs to go. But that's not something that we've considered once this year because we're doing that work with the staff team as well and the support for them...it is difficult." (P2)

"I think the change in practice has worked well and has worked better for the young people. It has made them feel safer, I think, so they feel happier." (P6)

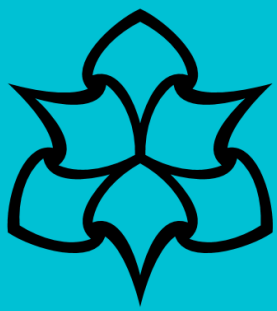
As these participants suggest, positive changes in practice influence stronger relationships between staff and the children and young people they support, within an environment where they feel valued and cared for. This emotional connection is essential for overall wellbeing and development and can help to develop their long-term trajectories. For example, one of the participants suggested that the *Healing Together* programme creates the potential for family reunification because of the programme.

"there's a number of individuals that are thinking about them going back to their families, which is actually wonderful, you know, it's a wonderful outcome for them actually." (P1)

However, as mentioned above in research question 2, the programme has helped trained practitioners to scaffold the children and young people's coping mechanisms through the creation of a 'toolbox' of strategies that empower and equip them with practical tools that they can use independently. Working through the six sessions along a timeline that suits the children and young people, and taking an holistic trauma informed response can create the frameworks through which the children and young people shift from a dependency on staff to self-sufficiency – by developing both their resilience and a confidence in their ability to handle future challenges.

"And taking the strategies that they learn with that programme into their adulthood or as they move throughout their journey, when they leave us." (P8)

Therefore, the data implies the importance of the programme in preparing children and young people for life beyond the setting: helping them navigate various life situations and enhancing their overall outcomes.



RQ4: What is the perceived systemic impact of the Healing Together programme & training on the settings and the organisation?

The interview transcripts highlight multiple levels of systemic impact, from the organisation of individual residential settings to wider strategy and practice within Salutem as a whole. These interrelated levels of systemic impact are also closely tied to the impact on practice described above in relation to research question 2.

Three overarching themes have been generated to describe this impact. The first theme relates to shifts in organisational structure related to changes in strategy. The second, to the supervision and support – available to managers and frontline practitioners – that directly structure the working environment in which trauma-informed practice is enacted and which impact the recruitment, retention, and absence of staff members. The final theme focuses on the investment of time and resources required to fully realise organisational change and adopt effective trauma-informed approaches to practice.

Shifts in organisational culture

The majority of participants talked about how the adoption of the *Healing Together* programme led to the development of strategy and working cultures that structure Salutem's trauma-informed approach at multiple levels. This organisational culture centres on the changes to practice described under research question 2 above and extend to encompass shifts observed in organisational identity. For example:

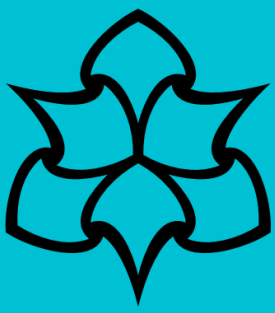
"I think as an organisation, it's changed the thought process...we've gone from calling ourselves a therapeutic model and approach to a trauma-informed one, to actually being trauma-informed." (P5)

Such a shift from theoretical to practical application reflects a deeper cultural and procedural change within the organisation. And in at least two settings, the changes have been recognised by external regulators.

"When we've had our Ofsted inspection... they've all been really impressed with the work that the company is doing...it helps as well in terms of when we're looking for new children to come into the setting. The local authorities are looking and hearing and they've not necessarily heard of Healing Together. But when you start explaining it, they're like wow. Because obviously a lot of what they want is the therapeutic support for the young people" (P3)

"Our recent Ofsted inspection conducted at [name of setting] particularly noted that they'd seen this change in the recordings and writings up for the children. So, it's good that our external inspectors are noting that as well." (P5)

Therefore, the participants suggest that the adoption of *Healing Together* indicates a positive trend in the working practices within residential settings, and that these improvements both raise the reputation of the setting and are described as



achievements against inspection criteria utilised by Ofsted, local authorities, and other regulators. In terms of the impact of *Healing Together* on the organisation as a whole, participants suggest that it has started a new way of thinking, a new approach to practice, and that Salutem are continuing and expanding the work in that direction.

Such shifts in organisational culture require the buy-in of senior leadership teams for a trauma-informed approach to “service as a whole”. For example, two participants related the impact of the training to changes at Salutem’s strategic and policy levels. They describe how training senior leadership team members on the trauma-informed approach, and their subsequent adoption of a system-wide approach, leads to a strategic leadership focus on trauma.

“...the divisional director and the regional directors, really, truly believe in it and are pushing for it, it is part of the strategy for children's services.” (P1)

“I think the Healing Together programme probably sparked stuff in higher management and that's leading to us being, trauma-informed across the whole organisation with everything that we do.” (P3)

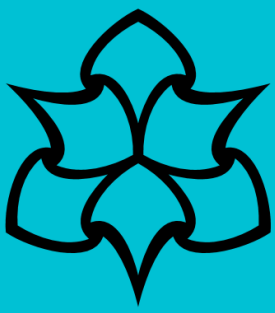
The buy-in of the senior leadership team for trauma-informed practice both influences and is evident in how staff development of this approach is supported, and the subsequent adoption of an organisational trauma-informed identity. Salutem ensured that managers and deputy managers were included in the initial cohorts trained as part of the *Healing Together* programme. As one managerial participant described:

“This was really important because...senior leaders provide the resources to enable successful delivery of the programme by staff and are well placed to embed new ways of working across the organisation...buy-in from the top makes the biggest difference, because you know you don't feel alone.” (P1)

According to this participant, if the leadership team has a strategic focus on trauma, then this impacts the broader organisational strategy as leadership plays a critical role in advocating for and facilitating the implementation of trauma-informed programmes. It also made the participant feel like they were part of a community of change working together for improved outcomes for the young people they support.

“I definitely think that getting the deputy managers and managers on the initial cohorts was really important because again, as the leadership and the practice of leadership can happen on a daily basis and is again helpful in implementation” (P1)

How the senior management and executive teams translate their enthusiasm for the approach to support systems that enable staff to effectively deliver the programme on the ground is central to this buy-in. For example, participants mention having time protected to join regular support sessions as needed and being provided with the resources needed to deliver *Healing Together*.



One of the participants described how important it was to scaffold the trauma-informed approach on existing ways of working:

"And really for me, I think it carved a road in the way that we need to approach positive behaviour support (PBS) in children's services. Our PBS is trauma-informed anyway, but this programme allowed me to lace that trauma-informed practice and embed it even more how we work when it comes to PBS." (P1)

Such a strategic approach involves both the language use and trauma-informed practice focused on work with young people, as well as the vicarious (or secondary) trauma experienced by the frontline practitioners who actively support them.

"They see what the children are going through on a daily basis and the difficulties that they are experiencing and that can have an impact on them as well. So, I think it's important to support staff in a trauma-informed way as well." (P1)

Therefore, adopting a trauma-informed approach to practice with children and young people, and creating a shift in organisational culture, necessarily implies a recognition of secondary trauma arising for staff members and a commitment to adopting a trauma-informed approach to management and wider practices of peer support. These relate to how frontline practitioners are supervised (such as modes of supervision, collaborative teamwork, and support systems), the work environment within the settings (defined by senior leadership teams' promotion of trauma-informed practice), and hence the impact of *Healing Together* on the wider organisation.

Supervision, support, and collaboration

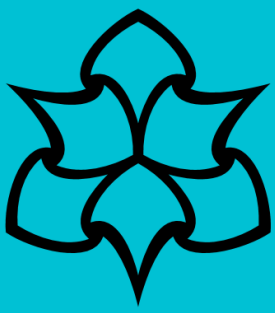
The impact of *Healing Together* on organisational culture at the level of frontline practitioners and their managers includes the development of collaborative ways of working and sharing across frontline work teams. For example, one director described:

"talking to other staff [at their own setting or at other setting also adopting trauma-informed practice] about why things need to happen in a certain way" (P5).

Sharing knowledge within teams and discussing what they have learned with colleagues contributes to organisational growth and the adoption and integration of a trauma-informed identity by the organisation as a whole.

"I think as an organisation, it has made us more trauma-informed and actually we can truly say that our children's services are trauma-informed, which is not something that we had in place before." (P1)

At the time of the interviews a number of the settings were still in the process of rolling out the training, and only some of the staff had attended the two-day programme.



"We haven't had the... not all the staff have had the opportunity to complete the training just yet. We are doing in cohorts if that makes sense." (P5)

Taking a gradual approach to implementing the programme through phased training cohorts has strengthened the links between settings, as well as developing small peer support groups of trained staff within settings. As such, the development of systemic change and a new way of organisational thinking has also followed a gradual approach. However, those trained early in the roll out process become what one participant described as "experts-by-experience" who are encouraged to reflect upon what they can bring and what they can add to the development of the programme. They can help to support colleagues who have yet to undergo training to adopt more trauma-informed approaches and begin to translate the changes in their practice to organisational impact.

"a snowball effect of everything else and what more we can do to make sure that we are trauma-informed and giving our young people the best possible stay with us and what we're doing with them." (P5)

"That's just become my way of working now in the sense that I can now guide the other staff team because we've recently had a few more go on to the training. But the whole team hasn't done the training yet, so it's having conversations with them and helping them think about things in different ways." (P2)

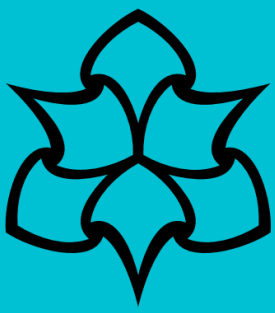
One key area of change is how the adaptations to language and communication described by the participants in terms of their practice with children and young people (research question 2 above) have become integral to the supervision and peer support process:

"I think again it's the language and the communication again carried through into supervisions and check-ins with the staff team. It has had an influence on the general conversations we're having with staff team and trying to get other people that haven't done the training to see the different side of things." (P2)

As such, the learning from the formal training process is cascading to others in teams because of the change in the working environment.

"Everyone's sort of just really excited about it. When you sit in a meeting and explain it for the first time, you see confused faces. But also comments like 'I've not heard about that, tell me a bit more.' And when you start talking about it, you have some people go, 'oh, I'm going to write that down. I'm going to look into that myself.' Like I'm going to find out a bit more information. And, you know, when the children are engaging with sessions and we send weekly and monthly reports to our social workers, that's all included in there. So, they can see the engagement and the progress that's being made. And it's something that's being discussed." (P2)

Therefore, the process of peer support and reflection has led to the development of trauma-informed practice by staff members who have yet to be trained and had an impact on external relations and practitioners' relationships with other professionals.



As this participant describes, the programme is seen positively, and the organisation has gained kudos in how it owns the identity of “leading the way”.

One thing that the participants agree on is the importance of peer support and, more importantly, supportive managers who prioritise collaboration. As one frontline practitioner states:

“My manager is really supportive. We chat about the *Healing Together* programme and then we decide together on the best way to go about implementing aspects of it in our setting and how to go about it...it's one thing to have support from your fellow staff and but it's another thing to have support from your manager...it gives you that strong backup...[for example] she could also talk to the kids and explain to them ‘this is why we're doing this’, so if [participant name] comes in and wants you to engage, please try and engage...” (P3)

This interviewee values the manager's support because ‘strong back up’ is both particularly helpful for engaging children and ensures that they do not feel alone in trying to increase children's engagement. According to this participant, there has been a noticeable increase in the number of supervisions, and these have become more regular and informal. When the two staff members are on shift together, they can update each other on the progress of using the programme so far and share more regular informal problem-solving sessions. Actively advocating for the programme in this way, and potentially explaining its purpose directly to the children, helps to support staff and might lead to improved participation and engagement by both staff and children and young people with the programme.

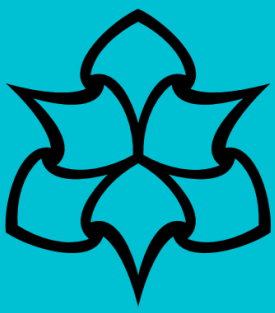
As such the setting could be said to reflect the values of the *Healing Together* programme:

“it's part of the values of the company now “it's not just about the kids. It's also about equipping staff to know how to go about these things. (P3)

Peer support and a collaborative environment are at the heart of systemic change for Salutem. The peer support groups, set up by Innovating Minds and made up of practitioners from different settings, enable learning from others' experiences and approaches. The trained practitioners can gain new insights and strategies that might be adapted to improve their own practices.

“It has been quite useful because when we catch up like that, you tend to learn from other practitioners and how they're doing in their settings. How they've done things differently.” (P3)

Within a collaborative environment that encourages sharing within and across settings, four participants highlighted how they feel comfortable sharing experiences and strategies. Such peer support can enhance morale and lead to improved practices, ultimately benefitting the children and young people.



Staff recruitment, retention, and absence

As one participant explains, the care industry is in a difficult situation:

"Like much social care, we're really stuck in that mould where sickness is really high. Retention is really low. Recruitment is really challenging. But that's not just us, an organisation. That's the industry, the network. And I think again, this is a result of COVID. Since COVID has happened, people have realised they can work at Tesco for the same money, finish at 5 o'clock and not worry about it." (P5)

There is therefore an ongoing tension between the need for systemic change in the social care industry and the organisation's efforts to improve staff engagement through trauma-informed programmes. Initiatives like training are valuable but cannot fully address the larger, structural workforce issues unless paired with broader reforms and better working conditions. However, this director suggests anecdotally that the *Healing Together* programme may offer a solution.

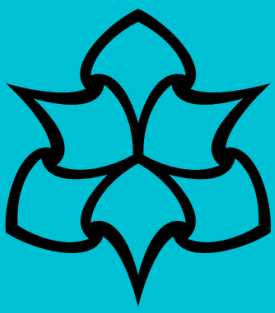
"So, we've not seen any significant change in that area at all unfortunately, but again we're still very early doors, aren't we? But our staff sickness has been much better. We don't really have much sickness and we had maybe one person leave over the last six months. So we are retaining staff. I know that the staff team are all quite excited as well about the training and when they're booked in...people do get quite excited, and that's definitely helped with recruitment as well because you can maybe talk about all of these things when we're interviewing and about our trauma-informed approach." (P5)

Part of the reason for the positive impact on recruitment could be explained by the strengthening of peer support between staff members who have undergone the training programme.

We did speak (before programme) but it wasn't as often. We check in on each other now...We're building on our relationships more and supporting each other. We're visiting each other's settings and things. So, it is something that's developed, whether that's to do with the training or not. It's all happened at the same time. So, I feel like it has had an impact. (P6)

The programme has therefore led to a more collaborative and supportive environment for trained staff within and between residential settings. There has been a shift in culture towards valuing and enhancing the role of support workers. A positive culture can attract and retain talent, leading to better outcomes for staff and CYP. There is a recognition of the need for peer support and staff wellbeing outside of scheduled meetings on the training programme, and a more collaborative approach to working practices.

"Our supervisions are normally like a long hour plus. But we're now doing short ones as well, like check-ins, to make sure that, like just a quick conversation to make sure that everyone's OK. Staff feel there is an increased care for their wellbeing due to an increase in check-ins...I mean, we're really supportive of each other, of each other's settings. We have quite good relationships. So we do try to have open discussions with each other on how it's working. And I think we've got better at supporting each other. I've



gone and worked at another setting to help them when they were struggling. And we sort of reach out more for help, and sort of ask we're not afraid to sort of ask each other for support when we need it, which has been quite nice." (P6)

An open-door policy creates a supportive environment where staff feel valued and heard, which can enhance their job satisfaction and overall wellbeing.

Change as long-term journey

This evaluation is not able to fully explore the long-term impact of the Healing Together programme (as described by the Theory of Change) as the process of embedding a trauma-informed approach in residential settings is still ongoing. However, the data suggests how critical the training is for future strategy and service development, and the potential of the programme to significantly benefit organisations in the long-term. As this director explains:

"We need to build a strategy based upon this training, this knowledge...I think once this training is fully embedded, the knowledge will be integral to the development of services moving forward. I think we need to build all that...we have built a strategy based upon this training, this knowledge and things like that." (P5)

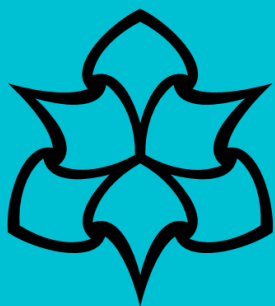
However, such systemic change generally takes time, as these participants explain:

"I can see there has been a change in language. It's not fully embedded across the whole team yet, but the reports are far more descriptive in the way which we would expect. It shows that element of understanding, and I've seen quite a big change there, but it's not embedded, and it's still being worked through. To embed something, it's going to take at least six months anyway." (P4)

"It's a lot of change and it's changes the whole way you're working. So, it's not going to change overnight. It's going to take time for the staff team, even though they've done the training, that mindset change, and that wording change is going to take longer, isn't it? ...the biggest challenge is, when you've been doing things a certain way for so many years - because we all did it, that was the way to go. You know, we were trained in a set way over the years? And now to change that and turn it around and make it all about what the child is feeling. And taking that positive, still giving the positive but finding out how they feel about it first." (P7)

Fully embedding a trauma-informed way of working is a gradual process that requires ongoing support and training. The internalisation of new mindsets and language will require sustained effort and time, indicating a need for continuing professional development and support systems for staff. Such support systems have been described by the participants above, but they do suggest the need for an ongoing investment of time and other resources. As the participant above

suggests, traditional methods become ingrained over many years and may be difficult to leave behind. Senior leaders should therefore be equipped to provide

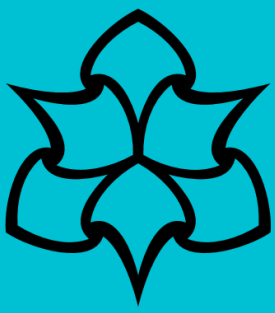


guidance and encouragement to help staff embrace the shift, but this is not easily done. One solution is to get everybody in the settings trained:

“I think we just need to continue to embed it across our settings and get everybody trained and everybody with the right understanding.” (P7)

These reflections suggest that the training should be done with the recognition that implementation of the programme is not a one-time event but rather an ongoing journey.

There is a need for continuous training and reinforcement of *Healing Together* principles across the organisation. The participants suggest that senior leadership should prioritise regular training sessions, feedback mechanisms, and opportunities for staff to share experiences and challenges, ensuring that everyone is aligned and understands the programme goals.



The overall impact of the Healing Together training and programme

Based on the evaluation, the *Healing Together* programme has shown significant promise in its potential to influence individual practice among practitioners within Salutem. Participants reported a noticeable transformation in their approach rooted in a deeper understanding of trauma and its effects on children and young people. This change is particularly crucial in light of existing research indicating that childhood trauma, especially among children looked-after (CLA), who have experienced abuse and neglect, can have profound and long-lasting effects on mental, emotional, cognitive, and social development, and physical health.⁸

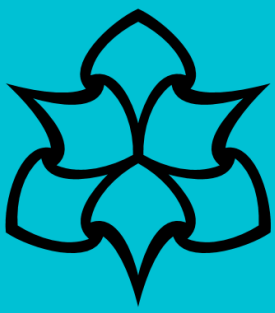
Studies have shown that complex trauma significantly affects a child's ability to form secure attachments and build trust, making it essential for practitioners to recognise these challenges.⁹ The insights gained through the *Healing Together* programme resonate with the understanding that trauma-informed practices are vital in addressing the complex needs of these vulnerable populations.

The practitioners interviewed as part of the evaluation suggested that the *Healing Together* programme had a positive impact on children and young people's behaviour, their emotional skills, and their ability to build strong relationships. Namely that the programme equipped practitioners to directly support children and young people to develop skills such as emotional awareness, identification, and regulation. An increased emotional awareness improved the interactions between frontline practitioners and the children and young people they worked with. In addition, the evaluation highlights how the *Healing Together* programme helps prepare children and young people for life beyond the residential settings. Utilising a 'toolbox' of strategies, trained practitioners felt better able to scaffold the children and young people's coping mechanisms and equip them with practical tools that develop their resilience to handle future challenges.

The systemic impact of the *Healing Together* programme on Salutem's culture is also of note. As practitioners have adopted trauma-informed practices, there appears to be the potential for parallel growth in the organisation's identity and ethos. The shift from viewing the organisation merely as a therapeutic model to embracing a trauma-informed identity reflects a deeper cultural transformation, signifying a commitment to understanding and addressing the underlying trauma experiences of the children within the residential settings.

⁸ Turney, et al.. (2017). *Ibid*

⁹ Golding (2020) *ibid*; Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). Psychobiology of Attachment and Trauma-Some General Remarks From a Clinical Perspective. *Frontiers in psychiatry*, 10, 914.



Trauma-informed practices have been linked to positive organisational outcomes, including enhanced staff morale and reduced turnover rates.¹⁰ When practitioners feel equipped with the knowledge and skills to respond to trauma, they are more likely to experience job satisfaction and a sense of efficacy in their roles.¹¹ This aligns with findings that emphasise the importance of staff wellbeing in creating a sustainable trauma-informed environment. Integrating trauma-informed principles into Salutem's core identity reflects the increasing awareness in the child welfare sector that effectively addressing trauma in a comprehensive manner necessitates a transformation in organisational culture focused on empathy, collaboration, and continuous professional development.¹² This has also resonated positively with external stakeholders, including regulators. Recognition from bodies like Ofsted highlights the effectiveness of these practices and enhances Salutem's reputation, making it a more attractive option for potential clients and partners.

The evaluation highlights that the journey toward embedding a trauma-informed approach is an ongoing process requiring sustained effort and commitment from all levels of the organisation. While initial training has laid the groundwork, participants expressed the need for ongoing training to ensure that trauma-informed approaches become second nature within the organisation. This continuous learning culture is essential for addressing the complexities of trauma and its impact on young people.¹³ Moreover, the evolving landscape of social care and the challenges posed by workforce retention and recruitment require a strategic response. The *Healing Together* programme has the potential to positively influence staff recruitment and retention by fostering a supportive environment that values wellbeing and collaboration. However, participants acknowledged that systemic changes in the broader social care landscape are essential to address issues such as high turnover rates and staff burnout.

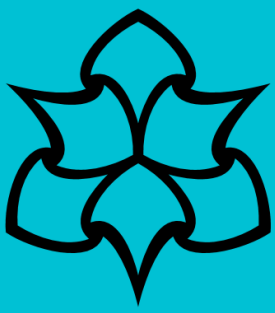
In conclusion, the *Healing Together* programme has catalysed significant changes within Salutem, impacting individual practice, organisational culture, and systemic processes. The adoption of trauma-informed approaches has fostered a more compassionate and effective model of care. Ultimately, the journey toward a fully trauma-informed organisation is a long-term endeavour that requires commitment, investment, and a shared vision for improved outcomes for children and young people.

¹⁰ Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016), Trauma-informed mental healthcare in the UK: what is it and how can we further its development?, *Mental Health Review Journal*, 21(3), 174-192.

¹¹ Lotty, M., O'Shea, T., Frederico, M., & Kearns, N. (2024). Exploring the effects of a graduate level trauma-informed care education program for child welfare professionals. *Children and Youth Services Review*, 163, 1-8

¹² Sweeney et al. (2016) *ibid*; Lotty et al. (2024) *ibid*

¹³ Mooney, S., Fargas, M., MacDonald, M., Bunting, L., O'Neill, D., Walsh, C., Hayes, D., & Montgomery, L. (2024). 'We are on a journey'. Implementing trauma informed approaches in Northern Ireland. Safeguarding Board Northern Ireland.



Implications and Conclusions

In this section we review the findings against a revised theory of change. Innovating Minds provided the research team with a theory of change for the *Healing Together* programme. This was initially adapted to reflect the introduction of trauma-informed practice to residential settings. This theory of change has been further adapted as part of the evaluation process (Appendix 1), to recognise the data generated. In its current form it provides a framework for modelling the *Healing Together* programme in residential settings and to frame further monitoring and evaluation of the programme.

Evidence to support the theory of change

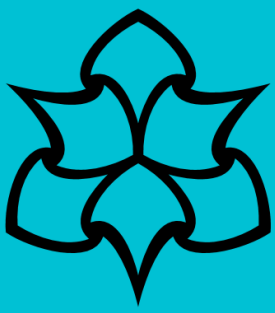
The research generated data on the process of the training as well as a number of the short- and medium-term outcomes detailed in the theory of change (Appendix 1 below).

There is evidence to support most aspects of the key strategy areas identified in the theory of change. Practitioners tended to find the two-day training useful for supporting their implementation of the programme. However, there were some suggestions for improvement. For example, some participants suggested that in-person delivery would facilitate a more interactive and focused session and that close consideration should be given to the balance of participants in training sessions to encourage equality of participation.

There were also comments relating to longer term support for practitioners, with a more continuous learning, rather than concentrated structure of training, potentially supporting the embedding of changes in practice and helping to ensure that the follow-up sessions and activities are fully engaged with.

In terms of the short- and medium- term outcomes for practitioners, the data suggests that for many practitioners, the training has enabled them to take on a trauma-informed perspective in their practices, demonstrated in the written and spoken language that they use and in their adoption of reflective practices. Collaborative support from Salutem colleagues and the team at Innovating Minds emerged as an important facilitator of these changes. At the same time, there was the suggestion that the impact on some practitioners was limited, and although we are not able to specify the reasons for this, there is a suggestion that in some settings it is a particular challenge to change established practices.

Moving now to the short- and medium-term outcomes for children and young people, our data suggests that the programme has tended to have a positive impact on the emotional development of children and young people who have completed the six



sessions with practitioners. Interviewees reported that participation in the programme has encouraged an increase in emotional awareness and articulation among children and young people alongside a better self-understanding and use of coping mechanisms. There was also an indication of improved relationships with staff and families.

The impact of the programme on children and young people's behaviour was more tentative, with participants tending to expect a reduction of behaviour incidents in the future rather than reporting an existing reduction. It is also not possible at this stage to comment on the extent to which there has been an increase in children and young people accessing help and support, displaying positive help-seeking experience, and gaining relief from emotional distress, beyond the references made by practitioners describing the interactions they have had with the small number of individuals in their care. It is possible to argue that as there has initially been a positive impact on the children and young people who have been part of the programme, there has been an increase in the numbers accessing support.

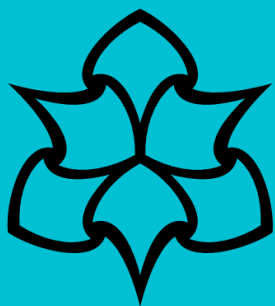
The final aspect of short- and medium-term outcomes that we considered were outcomes for Salutem at the level of the organisation and individual settings. Findings indicate the beginnings of a systemic shift to enacting a trauma-informed approach across settings in which the staff had been trained. Senior leadership buy-in as well as supportive collaboration amongst colleagues were key facilitators of this. The changes were emerging not only in terms of work with children and young people but also staff management processes in the development of collaborative ways of working and the increased recognition of vicarious trauma.

Changes in supervision processes and increased levels of collaboration and mutual support among staff are balanced with the reflection from some interviewees that change is a long-term process and that new ways of working were in a process of embedding. As such, long term outcomes are beyond the remit of this evaluation.

Limitations of the research

We reflect finally on the limitations of this research. As explained above, managers and directors were well represented in the interview sample compared to frontline practitioners. Although some managers do work directly with children and young people to implement the *Healing Together* sessions, it would be beneficial in further research to gain more insight from frontline practitioners.

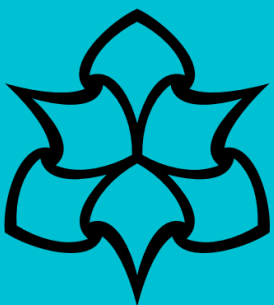
While the sample was predominately managers and directors, these are the roles that make a significant difference when embedding a trauma-informed culture within a setting. Without managers and senior leadership on board, systemic change and setting-wide implementation does not occur. Therefore, the positive impact of the programme described by these participants is indicative of the benefits of adopting *Healing Together*.



The sample, in addition, was a convenience sample; although the whole cohort of trainees in residential settings was invited to interview, the findings reflect only the views of those who volunteered for interview.

Finally, the sample size was small, at only nine members of staff. This meant that while the sample size is good enough for the needs of the evaluation, and the data gives an indication of a good range of experiences and impact, it cannot confirm the extent and distribution of these experiences.

The focus of the research was on how practitioners experienced the training programme and the short- to medium- term impact on and of their practice, as well as their perspectives of impact on the children and young people they work with. It would be beneficial in future research to focus on the process of delivering the six sessions with children and young people and how they in turn experience this. Future research should also look at ways to measure longer term outcomes. A multi-method approach to future research would be beneficial in approaching this.

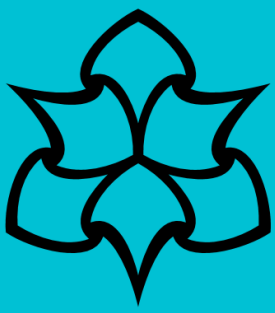


Appendix 1: Theory of change for Healing Together as applied to residential settings

Overall goal	Key domains	Key strategy areas	Outcomes
<p>IMPROVE The life chances of children and young people (CYP) with diverse needs in residential settings.</p> <p>Young people in residential settings often have experience of trauma, loss and grief.</p>	<p>IMPROVE access to early trauma-informed help</p> <p>IMPROVE CYP's emotional and mental health</p> <p>Enable CYP to access early trauma informed help on from adults they trust, within a space they feel safe in.</p> <p>CYP with protected characteristics are able to access early trauma-informed help.</p>	<p>Innovating Minds deliver two days of facilitator training to practitioners who then deliver 6 sessions of Healing Together programme with CYP.</p> <p>Facilitators engage with resources that include a trauma-informed practitioner handbook, worksheets and an online portal, and they complete self-directed learning modules.</p> <p>Facilitators have access to a support hub including online community, and ongoing consultant support.</p>	<p>Short-term outcomes (Enacting change)</p> <p>From facilitator training Understanding and awareness of trauma, adopting a trauma informed approach, signposting to services and support available to children.</p> <p>From Intervention with CYP</p> <ul style="list-style-type: none"> - CYP with emerging emotional and mental health difficulties to access early trauma informed help. - Increase in CYP accessing help and support. - CYP building therapeutic relationships with adults they can seek help from in the future. - CYP gaining a positive help-seeking experience. - CYP achieving relief from emotional distress. - CYP able to maintain access to education. <p>Medium-term outcomes (Embedding change)</p> <p>Towards CYP</p> <ul style="list-style-type: none"> - 'Trauma-informed' staff teams are able to respond in a trauma sensitive way, recognising when CYP may be affected by trauma and adjusting support provided to aid in the recovery building recognition and resilience. - Increase in practitioner's knowledge and confidence to support children's mental health. - Practitioners are able to deliver a range of evidence-based interventions. - Practitioners' increased awareness of domestic abuse, the services and support available for children <p>Towards staff members</p> <ul style="list-style-type: none"> - Increase in practitioners' reflective practice - Practitioners able to understand and recognise vicarious trauma and support themselves and their colleagues.
	<p>IMPROVE sustainability of trauma informed approaches within residential settings</p>		



			<ul style="list-style-type: none">- Increase in awareness of how facilitators' mental health can impact on providing support for children.- Increase in feelings of safety among practitioners- Significant difference on variables 'differentiating emotions', 'not hiding emotions' and 'verbal sharing of emotions'.- Increase in CYP's ability to identify emotions and communicate them with others. <p>Organisational Outcomes</p> <ul style="list-style-type: none">- Decreases in referrals to specialist services and movements to new settings.- Knowledge and skills learnt by facilitators is transferred into the rest of their work with children and families.- Development of the whole setting approach to mental health and reducing stigma within settings.- Decreased staff absence levels.- Improvement in residential setting environment. <p style="text-align: center;">Long-term outcomes (achieved beyond the end of the intervention)</p> <ul style="list-style-type: none">- Reduce the risk of CYP becoming involved in Knife and Serious Crime.- Reduction in prevalence of domestic abuse.- Reduce the pressure on front line police resources.- Reduction in school exclusions.- Reduce the risk of CYP from Criminal Exploitation.- Improvement in CYP's school attendance.- Upskilling of existing workforce creates a significant cost saving. Cost saving to Local Authorities, schools & organisations are no longer paying for external professionals to deliver the early help support.
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