

A Quick Start Guide to Trauma Informed Collaborations for Families with Young Children



Partnering Agencies

Boston Public Health
Commission

ABCD Head Start Geneva Ave

Children's Services of
Roxbury

Codman Square Health
Center

College Bound Dorchester

Excel Academy

The Home for Little
Wanderers

Little Leaders

Martha Eliot Health Center

YMCA Roxbury and BPD

University and
Massachusetts Boston

Funding provided by the U.S. Department of Health and Human Service Office on Women's Health under grant no. PAWOS000017, Category B. funding. Boston Early Childhood Trauma-Informed Learning Collaborative.

An Introduction to Trauma Informed Collaborations for Families with Young Children (TICFYC)

This project was designed in pursuit of one goal: facilitate and support community partnerships in the development of a shared trauma-informed approach to improve the health and wellbeing of children served. This goal included a two-pronged approach: 1) To increase individual participating agency's capacity to operate as a trauma informed culture, system and organization and 2) To increase collaborations between members of each Neighborhood Collaborative, improving service delivery for families with young children ages 0-5.

We named the project Trauma Informed Collaborations for Families with Young Children (TICFYC). Partner agencies from three sectors interfacing with young children and families (early education and care, community health centers, and community-based mental health) integrated a trauma-informed framework via a modified Learning Collaborative with a Coach-the-Coaches change process to support sustainable changes at each agency, biannual full-day learning sessions for agency representatives (i.e. change agents), and family engagement activities woven throughout.

The activities supporting the goal were:

Coaching Process: We held consistent biweekly coaching sessions with partner agencies averaging 250 hours each year with 100% agency participation. Although each agency was required to have 1 change agent, all agencies identified through the coaching process the need for broader participation and engaged more change agents. Change agent teams varied from 2-5 members. Most coaching was provided by a fulltime program manager with clinical expertise in early childhood mental health and reflective practice.

Neighborhood Collaborative: Change agents grouped into 2 neighborhood-focused collaboratives met weekly for 6 months and then monthly for the rest of the project. After a group visioning process, each collaborative worked to build cross-agency capacity to serve children.

Learning Community Session: There were four full day learning sessions attended by change agents and additional guests. Content for the learning sessions integrated topics from the trauma informed self-assessment. The first session, Early Childhood Trauma 101, focused on developing a shared baseline knowledge about trauma and how it impacts young children. The second session, Selfcare and Resilience, acknowledged the critical importance of staff being emotionally and physically healthy in order to address child and family exposure to trauma. The third session, Racial Justice and Resilience, addressed the impact of racism on young children as well as the intersection of race and trauma. The fourth and final session, Weaving, Sharing and Integrating Our Trauma Informed Capacities, endeavored to tie all the change agents' successes together and focus on how to continue their trauma-informed journey beyond the grant.

Family Engagement activities: The grant supported agency-specific and cross-agency family engagement activities. There were three large family events that focused on trauma-informed resource sharing, trauma-informed activities to facilitate interactions between families and the staff participants, and trauma-informed ways to collect feedback and input from parents and caregivers.

We think the TICFYC model of change is replicable in many contexts to support trauma informed quality improvement efforts. The following "Quick-Start Guide" is meant to encourage new and ongoing efforts.

The Quick Start Guide for TICFYC

Trauma impacts young children, their families, and the service providers working to support healthy child development. Service providers, and the systems they work within, need to be trauma informed. They need to have the capacity to identify signs of trauma, respond effectively, prevent long term consequences, and support resiliency in children, families, and themselves.

In 2014, the Boston Public Health Commission's Early Childhood Mental Health program received funding to develop and pilot a model of Trauma Informed Collaborations for Families with Young Children (TICFYC). This document is the culmination of that work, complete with lessons learned from collaborating agencies. The pilot focused on building trauma informed capacity within the community; however, the model is applicable to other practice change and collaboration efforts.

The model employs the concept of "Do for! Do with! Cheer on!" taken from the principles of Wraparound.

- During the "Do for!" phase, a lead agency is responsible for the planning and preparation

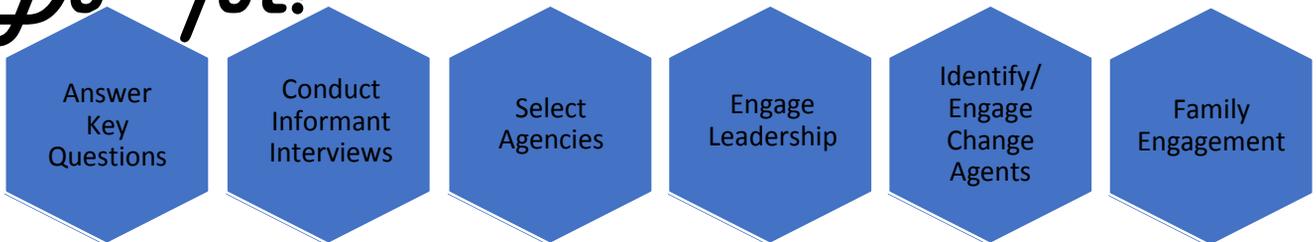
needed to bring together agencies. There are 6 activities, in blue, for the Quick Start Guide.

- During the "Do with!" phase, the Coach works with the change agents to develop capacity within and across agencies to perform change work. There are 5 activities, in yellow, for this phase.
- During the "Cheer on!" phase, the lead agency coach steps back and supports the ongoing change work. There are 4 activities, in green, for this phase.

On the following pages is a Quick Start Guide wherein each activity is explained briefly and we provide insight into our successes and missteps in "lessons learned" sections. We took a less-is-more approach to support new collaborations, rather than a formal replication toolkit. Supporting documents are included in the appendix.

The content is meant to guide and inspire you in your project. It is not necessary to approach your project exactly how we did. Use it as a cautionary tale. Use it to inform your planning. Use it to help build better services and systems!

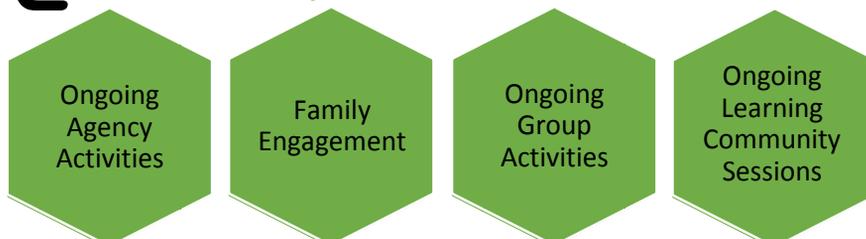
Do for!



Do with!



Cheer on!



Do for!

The “Do for!” phase is primarily about laying the ground work for the project. Here we suggest an order for the six steps, however, we experienced a need to be non-linear in our initial stages. The order in which you approach the six steps and complete the six steps can vary. It is important that you complete each step, not that you complete them in a specific order.

Ultimately the “Do for!” steps are all in an effort to determine how to proceed in the next two phases.

1st You need to know the answer to the Key Questions. These are the questions of who, how, when, and what.

2nd You need to engage stakeholders in key informant interviews. These interviews will confirm or alter your answers to the Key Questions.

3rd You need to select your agency partners.

4th You need to engage the leadership at these agencies.

5th You need to identify and engage the change agents.

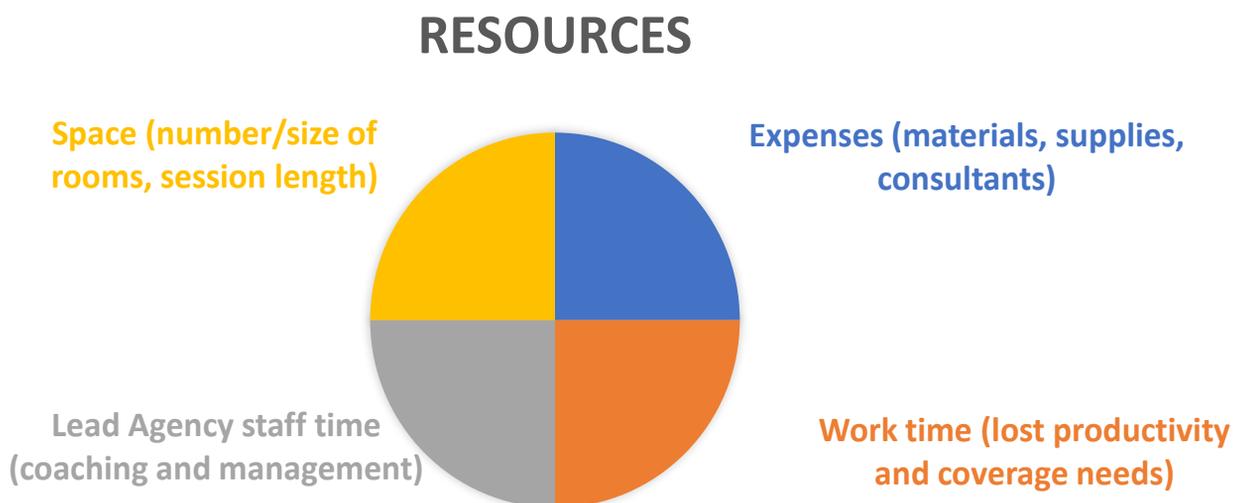
6th You need to develop your plan for Family Engagement.

Lesson Learned

Before diving into the 1st phase, we should talk for a moment about the lessons learned as the Lead Agency for TICFYC. The Lead Agency needs to have the resources to facilitate the project. We found this to mean a full time program manager who had support from a team and supervisor. Non-personnel funding can be minimal and in-kind contributions will help with meeting space and materials. However, adequate resource will improve the outcomes of the project as well as the satisfaction of participants in the process.

Consider the diagram below and how the resource needs will shift during different phases of the project. We held Learning Sessions every six months. During the lead up to a Learning Session, staff spent more time supporting the program manager with curriculum designing and planning. We needed additional funds to support the day long agenda. We were fortunate to have community spaces available for little or no funding. We provided agencies with stipends to offset the cost of their participation.

Keep the diagram below handy. We found it helpful to focus our resource planning in these four areas.



Lesson Learned

The following questions are important to answer in planning a successful project. Equally important is being reflective and able to change your answers as the project proceeds. The next steps in the “Do for!” phase can bring new information into the planning process and dictate changes to the answers.

Answer Key Questions

WHO:

1. Which sectors will join in the collaboration? We recommend at least 3.
2. How many agencies from each sector? We recommend 3-5 agencies per collaborative group.
3. What will be the unifying factor for cross agency work? Do the agencies have a target population in common? Think geography, primary care site, child welfare system involvement, family experience of social determinants of health (homelessness, immigration, etc.).

HOW/WHEN:

1. What is initial time commitment? We recommend at least 18 months to 3 years.
2. How often will the group convene? We recommend initial 6 months of weekly meetings.
3. How often will agency coaching occur? We recommend 1-2 hours, twice a month.
4. When will Learning Community convene? We recommend twice a year, with initial session framed as a kick-off.
5. How will progress be measured? We recommend having a formal evaluation plan, and (if funding allows) having an evaluator to implement the plan.



WHAT:

1. What is the focus of the change activities? The TICFYC project was intended to build trauma informed culture and capacity. This framework is appended to this guide and available to the public. It is not the only framework that can be used in this process. It is important to have clear understanding and agreement on the goal of the change work.
2. What is the goal of bringing the sectors and agencies together to work collaboratively? We recommend targeting practice changes that will improve the family experience across agencies. In the TICFYC project, agencies used the Wilder Collaboration Scale to measure collaboration between agencies. This is available online.

Do for!

Lesson Learned

In our project, we experienced overlapping process in the next 3 steps. Some of the stakeholders we engaged as key informants were employed by agencies that were selected to participate in the project. Some did not. The take away for us was to expect the process to be non-linear and allow for the Informant Interview step to adjust your initial answers to the Key Questions. You may start the project thinking that Agency A is going to be a great partner and then learn that they have shifted priorities. It is okay to go back and rewrite your answers to the Key Questions.

Conduct Informant Interviews

Interview at least 2 people from each sector you plan to engage. Try to get multiple perspectives, including leadership and direct service providers.

Develop an interview guide, or set of questions, that will allow you to confirm your answers to the Key Questions, identify barriers to the project, and identify potential agencies for project participation, among many other things.

The interview process will help you gauge interest in the project; however, do not abandon your efforts if informants do not share your enthusiasm, vision, or interest in the project.

Select Agencies

Have a transparent selection process, including a list of criteria that measures objectively how well suited an agency is for the project.

Some selection process options are: a formal application process, conducting targeted outreach, or basing selection on existing relationships.

Have a formal document (ie-contract, scope of work, memorandum of understanding, etc.) executed with each agency. If there is a funding element between the Lead Agency and the selected agency, clearly articulate how and when the money is to be spent and billed to the Lead Agency.

Engage Leadership

At a minimum, the Lead Agency should have an initial meeting with Leadership to establish rapport. We recommend this be in person and include all relevant members of the Leadership at a particular agency.

Examples of roles in the category of Leadership are: medical director, practice manager, clinical director, executive director, program director, CEO, CFO, COO, lead teacher, social worker, senior family partner, supervisor, etc.

Leadership engagement is critical throughout the project and can vary over time and across agencies. We did not expect Leadership to serve on the Change Agent team, but we welcomed it. We also encouraged participation in the Learning Sessions and trainings.

Lesson Learned

As an agency is committing to the project, ensure Leadership has a good understanding of the project's requirements. Although not an active participant in the project, multiple agency employees are involved. This could include staff in accounts payable, human resources, payroll, supply management, purchasing, etc. All need to know about the project and how their role intersects with success or failure.

Lesson Learned

In our project, we asked each agency to identify one change agent. We encouraged them to identify teams with representation from across the agency; however, we felt the “ask” should only be one, given the funding we were able to provide. We were concerned that a larger “ask” would deter some agencies from joining the project. For our project, having a small agency participate with one Change Agent, was better than not having the agency participate at all. This was especially true for independent childcare agencies who are not often able to engage in similar projects.

Identify/ Engage Change Agents

The Change Agent plays a critical role throughout the project. They attend group meetings, coaching sessions, and Learning Community sessions.

Change Agents are responsible for identifying the change projects and executing change steps, but they are not solely responsible for any piece of the work. They are catalysts for change.

Change Agents should be known to the agency staff, supported by leadership, and excited about participating in the project. They do not need to have past experience with change projects or understand quality improvement terminology.

Identifying Change Agents is impacted by the sector and the agency. Most staff in primary care and mental health have to consider lost productivity and billable time. Most childcare providers and educators have to consider coverage.

Ideally the Change Agent has some flexibility in their schedule, the ability to leave the building during standard hours, and can be compensated if they work outside their typical work hours.

Family Engagement Strategy

Dedicate time, energy, and resources to planning and implementing a Family Engagement Strategy. Determine what level of involvement is expected and how to resource that involvement.

Determine how the Agency Self-assessment will address individual agency capacity related to family engagement as well as goals for the larger collaborative efforts of this project. The TICFYC Framework (appended) includes explicit ratings of family engagement components.

Possible strategies for the project include:

- Require each agency to have at least one related change project and have a coach with lived experience dedicated to those projects.
- Have each agency identify 2 parents to participate in an advisory group and predetermine the scope of their advisory capacity.
- Use group events to bring families from each agency together for fun, input, and/or resources.
- Require each Change Agent to meet with a parent from the agency monthly to discuss change activities.

Each of these strategies requires a different constellation of resources, making it important to predetermine goals and ensure agency buy-in.



Do with!

The “Do with!” phase is dynamic, unpredictable, and starts with a sharp learning curve for everyone. The phase is split into 2 concurrent efforts: Individual Agency work and Cross Agency Collaborative work.

Individual Agency work begins with the Self-Assessment and defining coaching. Then moves into an ongoing cycle of quality improvement.

Cross Agency Collaborative work begins with a group visioning process with intensive attention to relationship building and developing shared understanding and then moves into ongoing quality improvement.

Family Engagement

Based on the Family Engagement plan developed in the “Do for!” phase, ensure intentional implementation and monitoring throughout the “Do with!” phase. Adjust the plan as needed.

In our project we spent time building shared understanding about the purpose and components of Family Engagement. At a minimum, the Family Engagement plan should be referenced during each group meeting. If it is an extensive and well-resourced component of the project, it should be a dedicated component of every agenda.

If Family Engagement is a piece of the Agency Self-assessment, the Coach models intentional consideration of the data from the tool and how it informs selected change practices.

Lesson Learned

In our project, we prioritized the use of a Racial Justice and Health Equity framework. Racial Justice is a component of the agency self assessment. With each Change Agent and partner agency, we established a shared understanding of terms (including race, racism, oppression, privilege, identity development, implicit bias, and equity). We learned to think about how Change Agents (and others) are influenced by their personal and professional experiences throughout the project. One’s experience of privilege and oppression, systems, culture, education, professional standards, etc. are always at play.

Agency Self Assessment

The agency self-assessment should happen before any training or coaching. It should be informed by multiple voices from the agency, including direct service staff, leadership, and consumers when available.

This can be done by averaging scores from multiple copies of the assessment form or sitting as a group to gain consensus. The coach working with the Change Agent can determine the best way for each agency. A coach might sit with a Change Agent to go through the framework, however, the actual input captured in the assessment tool should come from the agency alone.

We used a self-assessment modified from a similar Breakthrough Series Learning Collaborative of the Defending Childhood Initiative at the Boston Public Health Commission. Others are available online or could be found through a literature review.

Define Coaching

The term “coaching” should be defined and discussed at the beginning of the project to ensure participants have a shared understanding of the term and what to expect from the coach.

In this context the coach is not the person “calling the shots” or “standing on the sideline” making decisions. The coaching process is in support of collaborative learning and personal and professional growth of Change Agents. It recognizes that the change process is most successful when Change Agents have someone helping them with the immense responsibility of quality improvement projects.

Coaching in this project is a reflective process, which asks Change Agents to identify their own strengths. These strengths are then channeled as drivers of change. The Coach bears witness to this process, serving as cheerleader when necessary.

Lesson Learned

The Neighborhood Collaborative setup, with weekly meetings for 6 months, proved successful in creating improved collaboration across the agencies. In our project we learned that the smaller agencies, with fewer than 10 employees, faced more barriers to full participation. The two smallest childcare agencies in our project could not consistently attend Neighborhood Collaboratives. This did not mean they did not benefit, as the coach was able to support collaborative projects, but it was hardest for them to send a staff person. With a smaller childcare center, maintaining staffing ratios onsite often required the Change Agent to stay in the center. We learned to work around this with the Coach helping to identify how the agency could connect with the Neighborhood Collaborative after missing a meeting.

Group Visioning

The first task of the Neighborhood Collaborative meeting is a group visioning process. It takes several weeks to establish relationships, trust, and a sense of safety so all group members can participate fully.

The very first activity must be co-creating Group Agreements. These should go on large paper in full view for every meeting of the group. They are reviewed at the beginning of every meeting and treated as a “living document” with additions and modifications made as needed.

The overall goal of the Neighborhood Collaborative was established when the Key Questions were answered. Spend time in the weekly meeting discussing this goal. For our project the goal was general. It allowed the groups a great deal of freedom in determining what they did together. It is important to hold the group to this overall goal while allowing their vision to guide the process.

With this goal in mind, the group co-creates a Statement of Purpose. The statements developed in our project are shown in boxes at right. This can be take time and patience, consuming the agenda of the weekly meeting for 3-6 weeks, but it is worth the investment to have a unifying statement for the group. Coming together weekly can be a daunting expectation, building a sense of group purpose supports individual commitment.

Quality Improvement

The first group training topic is Quality Improvement. In this project we think of Quality Improvement tools and processes as the vehicle for change. The Coach will assess the baseline knowledge of the Change Agents and decide how to approach this topic.

This is a list of topics and tools to start with:

- Data-driven decision making,
- Driver diagrams
- Small tests of change, and
- Plan, do, study, act change cycles.

We recommend using familiar language to describe these topics. The Coach acts as the interpreter. An example of this translation can be seen in the “Helpers and Barriers” worksheet available in the appendix.

“We are a developing partnership of direct service providers who are committed to building a more trauma informed community through cultivating sustainable networks, relationships, systems and resources that empower and support children ages 0-5 and their families.”

“We are a multidisciplinary team committed to increasing opportunities for families with young children to access systems sensitive to the effects of trauma.”

Cheer on!

The “Cheer on!” phase starts when the Change Agent is ready to hold the change project with minimal support from the Coach. The time and effort it takes to get to the “Cheer on!” phase will vary for each Partner Agency and Neighborhood Collaborative. The Coach and Change Agents will work together to decide when the Coach can step back into cheerleader mode.

In an ideal situation, the “Cheer on!” phase could continue indefinitely. Reality dictates if/when the Coach brings this phase, and the project, to a close. Each component of the project (internal agency change, Neighborhood Collaborative work, Learning Community sessions, and family engagement work) will move into and out of the “Cheer on!” phase. Here we share some key points to consider during this time in a project.



Ongoing Agency Activities

In the beginning of the “Cheer on!” phase coaching sessions continue and Change Agents take on increasing ownership of the activities and outcomes. The Coach is available but not actively participating in the change work.

Eventually the “Cheer on!” phase must draw to a close. In our project the transition/closing process included a meeting with Agency Leadership in which the Change Agents shared their plan for ongoing work, highlighting the success of the project and anticipating a need for ongoing support. Ideally, Agency Leadership will identify ongoing support and commitment to the work.

Lesson Learned

In our project we learned to expect movement between the “Do with!” and “Cheer on!” phases. For example, a Change Agent was fully responsible for one change project, only needing the Coach to be a cheerleader, and then started a new change project in which they need the Coach to be fully present in “Do with!” mode. The Neighborhood Collaborative planned an event without direct involvement from the Coach, and later needed the Coach to step in to support the completion of a multi-agency resource guide.



Family Engagement

The Family Engagement plan includes ongoing expectations for the group in the “Cheer on!” phase. This will include expectations of the Neighborhood Collaboratives as well as each Partner Agency.

In our project we were able to dedicate funds to support Family Engagement events. Knowing this was a temporary resource, we spent time planning for a transition. We tried to be transparent with all involved about how and why changes were made.

When conducting a similar project, we suggest:

- Plan ahead and share all available information with families and staff.
- Find the best alternative possible when you must discontinue a resource.
- Anticipate staff and families will feel a sense of loss and disappointment.
- Support the Coach and Change Agents in this process. It is not easy or fun to be responsible for taking something away from families.

Lesson Learned

In our project, we experienced Change Agent turnover, added Change Agents mid-way through the project, and expected the Coach to maintain continuity throughout. We learned that different change projects required different constellations of Change Agents. For example, when an agency worked to implement a Trauma Screener during Well Child Visits, the Change Agents needed a primary care provider to join the team. When an agency worked on changes to the physical space of the building, the Change Agents needed input from the facilities staff. In our project, the Coach kept extensive records via Quality Improvement tools, learning they were useful to help new Change Agents join the existing project.

Cheer on!

Lesson Learned

As our project moved into the “Cheer on!” phase, we asked Change Agents to take ownership for components of the Neighborhood Collaborative and Learning Community (see examples below). We learned to use a “no shame or blame” approach when individuals were unable to meet their obligations. This allowed Change Agents to be vulnerable, try to take on more responsibility, and feel safe when things did not work out the way they had planned. The Coach facilitated the group taking a reflective stance to identify lessons learned and make a new plan. Quality improvement work assumes multiple failed attempts before the “right” answer is found, but most people want to be successful from the start. We learned to explore the benefits of failure.

Ongoing Group Activities

For sustainability’s sake, it is important to push Neighborhood Collaboratives toward “Cheer on!” activities; however, we found this to be the hardest component of the project to move into the “Cheer on!” phase.

The Coach uses their own quality improvement process to decrease group dependence on coaching. Examples in our project included:

- Identify one piece of the agenda the group can own, have individuals accept ownership, and test the process. We started with the Ice Breaker of each meeting becoming the responsibility of group members on a rotation.
- Plan a large group event and have each agency own a piece of the planning. This helps the collaboration to achieve a common goal while allowing agencies to work independently. In our project, the groups chose to co-host a family engagement event and create a resource guide.

When it is time to bring the project to a close, the group needs a transition process that includes celebrating successes and failures, planning for ongoing interactions, and acknowledging the loss of the group, if it is not continuing.

Ongoing Learning Community Sessions

In the “Cheer On!” phase Learning Sessions shift to include knowledge being transmitted from the Change Agents. The Change Agents identify gaps in the group’s knowledge and skill set and bring new resources to the table.

For example:

- A panel of Change Agents sharing lessons learned and success from their own change practices.
- A new community partner presents on a resource to fill a gap the group identifies.
- A Change Agent invites someone from their agency to present on a topic the group identifies that is beyond the Change Agent’s scope.

The “Cheer on!” phase ends with reassessment. In our project, each Partner Agency completed the Agency Self-Assessment and the Wilder Collaboration Scale. The Coach uses the reassessment process to highlight progress and identify areas for ongoing work. An excerpt from the final report from our evaluation is in the appendix. It provides examples of using data to visualize change over time with the tools we used.

Lesson Learned

In our project, we funded an evaluation by an outside evaluator. We planned to use pre-post analysis of the Agency Self-assessment and Wilder Collaboration Scale to demonstrate positive impact. We learned along the way that this would be impossible. The Change Agents completing the tools changed over time, impacting the results of the tools. The best way to assess impact would be to have one person, not involved in the project, complete the pre and post tools. This would require more resources than we had, but it would be ideal for a future project to undertake this study.

Answer
Key
Questions

Conduct
Informant
Interviews

Select
Agencies

Engage
Leadership

Identify/
Engage
Change
Agents

Family
Engagement

Do for!

Additional lessons learned about the “Do for!” phase are foundational to the success of the project.

Answer key questions realistically. In the TICFYC project the lead agency planned to measure success by increasing interagency communication about specific children/families. The collaborating groups did not find this a manageable goal based on project resources. If doing the project again, we would rethink how to answer the question of goals and outcomes.

Conduct informant interviews with the intent to use the information. In the TICFYC project we adjusted our approach to specific agencies based on information gained in these interviews, shifting the project to a new neighborhood.

Select agencies thoughtfully. In the TICFYC project we found success with agencies where prior relationships existed as well as agencies where new relationships were forged. Similarly we struggled with agencies in both situations.

Engaging leadership is a delicate balance. Start from a place of humility. Do not expect an executive director to attend weekly meetings for 6 months. In the TICFYC project we used this strategy successfully and found leaders joined the project when they saw how they could be an incredible value-add.

Identify and engage change agents during dedicated sessions. In TICFYC the evaluation found a strong link between successful change agents and their connection to the project, primarily through their relationship with the coach.

Family engagement plans should never be an afterthought. In the TIFYC project we held multiple large scale family engagement events with great success. If we were doing the project again, we would spend more time engaging families about services shared across agencies.



Family
Engagement

Agency Self-
assessment

Define
Coaching

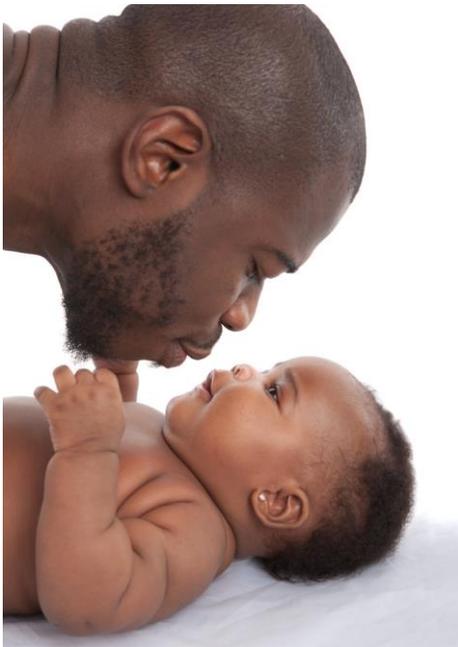
Group
Visioning

Quality
Improvement

Do with!

Additional lessons learned about the “Do with!” phase are likely to pop-up throughout the project.

Family engagement change projects may require agency staff to be vulnerable and open to constructive criticism. In the TICFYC project we found some agencies very quick to tackle this difficult topic and others very hesitant, if not resistant. Although we did not mandate a family engagement focused change project for each agency, we would suggest future projects consider how to ensure this important area is fully considered throughout the “Do with!” phase.



Agency self-assessments will be important to guiding the change agent work, especially as change agents transition in and out of the project. In the TICFYC project we found some agencies experienced turnover in the change agent staff. This happened in large and small agencies across all sectors. The historical record of the agency self-assessment was helpful to orient and ground the agency when change agents shifted.

Define coaching to be accessible to all change agents and return to the shared understanding of this definition throughout the project. In the TICFYC project we did not anticipate the importance of this definition. Fortunately the coach was skilled in reflective practice and identified the need at the start of the coaching process. We would now recommend it for all coaching relationships.

Group visioning should be transparent and reflective of the project goals. In the TIFYC project we allowed the group visioning to be entirely participant directed. This worked well for the establishment of shared vision. If we were doing the project again, we would start the group visioning based on a goal for the work established during the “Do for!” phase.

Quality improvement as a framework for the change process will help contain and drive change projects over time. In the TICFYC project we moved away from using a formal or academic interpretation of quality improvement. Instead the coach modeled formal tools while making the implementation relevant to each change agent.

Ongoing
Agency
Activities

Family
Engagement

Ongoing
Group
Activities

Ongoing
Learning
Community
Sessions

Cheer on!

Additional lessons learned about the “Cheer on!” phase could be anticipated early in the project.

Ongoing agency activities cannot be dependent on a single change agent. In the TICFYC project we did not have lead agency capacity to continuously monitor agency change activities after the funding period. However, we did learn from agency leaders of varied ongoing commitment to change activities.

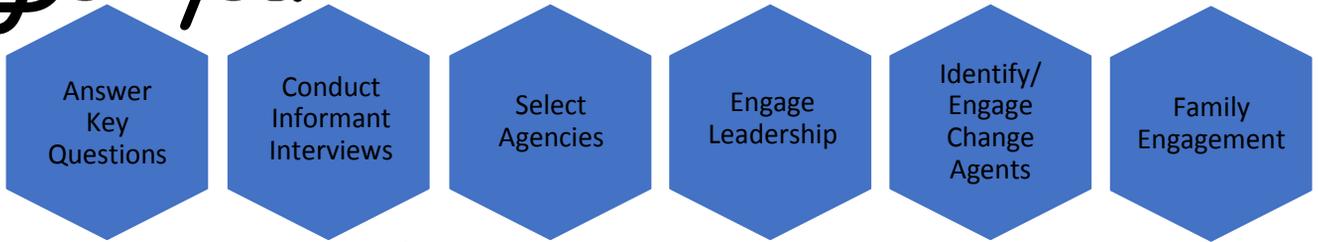
Family engagement focusing in part on developing and highlighting family leadership has great potential for ongoing impact. In the TICFYC project we saw parents and caregivers find new outlets for their existing strengths. In particular, we believe parents/caregivers who joined in leadership activities and/or a parent council during the project will continue as a driving voice for change in their communities, across agencies and sectors.

Ongoing group activities may continue in a variety of ways beyond the official project period. In the TICFYC project we attempted to establish ongoing systems for group meetings, however these did not continue. Instead, the groups found success through ongoing relationships across agencies and in continuing participation at non-TICFYC community meetings.

Ongoing learning community sessions are the least likely to continue due to resource scarcity; however the impact should reverberate in perpetuity. In the TICFYC project learning sessions were extremely well received. The knowledge and skills gained will serve participants throughout their career.



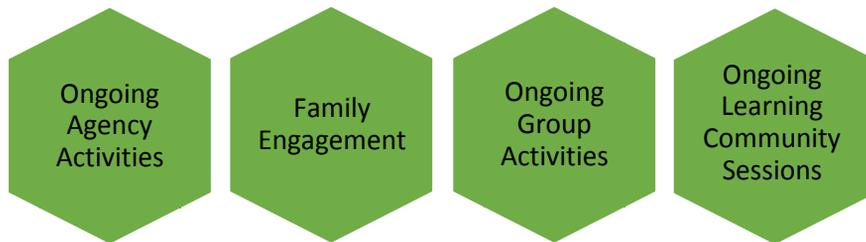
Do for!



Do with!



Cheer on!



Appendix List

A. Trauma Informed Collaborations for Families with Young Children
Self Assessment and Change Framework

B. Example of Quality Improvement tool adaptations



Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



Introduction: This self-assessment originated with a Defending Childhood Initiative funded Collaborative Breakthrough Series and was created with input from experts in a variety of relevant fields who brought together their knowledge and experience as well as pre-existing tools developed by outside agencies. It is meant to be a starting place for a comprehensive quality improvement process. For more information about the tool's development and previous implementation, please contact Christy Moulin, assistant director of Early Childhood Mental Health, cmoulin@bphc.org, 617-534-2631.

Instructions: To complete this self-assessment, rate your organization/center/agency on each item using the six point scale. Please perform this assessment in a group with a variety of roles and positions represented. We anticipate there will be differing opinions/experiences. In the event that these experiences differ widely, you can either come to consensus or identify the differences on the assessment. There are no right or wrong answers, nor are there judgments being made about your responses. Your candid responses will allow you to most accurately see your strengths and prioritize your efforts in this project. If you would prefer to have this conversation be facilitated, BPHC staff can provide a facilitator.

Name(s) and title(s) of people completing this form: _____

Name of organization/center/agency: _____

Date of completion: _____

Additional comments: _____

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
I. Equitable Partnerships with parents and caregivers						
A. Open and Equitable Communication:						
1. Agency maintains multiple pathways for all parents/caregivers to communicate with staff, including healthy conflict resolution.						
2. Agency is particularly mindful of differing life experiences, literacy levels and those who are English Language Learners that may need additional supports.						
B. Strengths Based Adult Relationships:						
1. Agency actively supports intentional relationship development between staff/providers and all parents/caregivers that is mindful of the possibility of either adult's own trauma exposure, so that families feel welcomed, respected, included, and valued.						
C. Valuing Parents'/Caregivers' Expertise:						
1. Agency values all parents'/caregivers' experiences.						
2. Agency incorporates that expertise into support for their children.						
D. Parents/Caregivers Participation and Leadership Promotion:						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
1. Agency maintains varied opportunities for all parents/caregivers to join Agency activities that support child's mental health and wellness.						
2. Agency sponsors events that connect families to resources and parent/caregiver supports.						
3. Agency offers families formal roles in planning Agency structures and processes.						
II. Racial Justice and Resilience						
A. Supporting and Advocating for Family's Needs:						
1. Staff/providers focus on understanding individual families rather than <i>blaming</i> .						
2. Staff/providers focus on understanding individual families rather than <i>making assumptions</i> .						
3. Staff/providers respond collaboratively by <i>problem solving</i> for children and family's needs.						
4. Staff/providers respond collaboratively by <i>advocating</i> for children and family's needs.						
B. Honoring Identity in Agency Environment:						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
1. Agency materials, toys, books and visuals <i>reflect the racial and ethnic diversity of Agency families.</i>						
2. Agency materials, toys, books and visuals <i>promote the self-esteem and resilience of children.</i>						
C. Equitable Leadership Development:						
1. Agency professional development efforts <i>support leadership development to facilitate retention of staff.</i>						
2. Agency professional development efforts <i>promote staff from all backgrounds.</i>						
D. Understanding Implicit Bias:						
1. Data on race and ethnicity are collected, reviewed, and used to <i>identify and guide strategies to address inequities.</i>						
2. Data on race and ethnicity are collected, reviewed, and used to <i>avoid implicit bias in agency practices, decision making, and outcomes.</i>						
E. Opportunities to Learn and Reflect:						
1. Professional development efforts include ongoing trainings on racial justice issues and topics particularly relevant to the Agency's racial and ethnic communities.						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
2. Staff/providers reflect the population served and are understanding of the impact of race, including internal biases, on their interactions with children and families.						
III. Agency Structure and Processes						
A. Healthy and Resilient Staff:						
1. Agency values work-life balance and wellness.						
2. Agency maintains clear and consistent staff/provider roles and expectations.						
3. Agency implements ongoing opportunities for peer support, self-care and reflection.						
4. Agency has built in structures to address employee morale and appropriate workloads.						
B. Information Gathering and Sharing:						
1. Staff/providers (including direct care providers, administrative/support staff, and leadership) and community partners gather and share information about children and families in partnership with families in strengths-based and respectful ways.						
2. Staff (including direct care providers,						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
administrative/support staff, and leadership) and community partners have knowledge of mandated reporting obligations.						
3. Staff (including direct service providers, administrative/support staff, and leadership) and community partners are transparent about their mandated reporting obligations.						
C. Collaborative and Reflective Practice:						
1. Agency supports ongoing and regular opportunities for all staff/providers to participate in agency planning and decision making.						
2. Agency engages in reflection about their day to day interactions with children and families.						
3. Agency collaborates as a team to problem solve and improve practice.						
D. Professional Development on Trauma and Resilience:						
1. Agency provides ongoing training and coaching on the impact of trauma <i>on child development</i> .						
2. Agency provides ongoing training and coaching on the impact of trauma <i>on adult and child mental health and wellness</i> .						
3. Agency provides ongoing training and						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
coaching on the impact of trauma <i>on parenting.</i>						
4. Agency provides ongoing training and coaching on the impact of trauma <i>on education.</i>						
5. Agency provides ongoing training and coaching on the impact of trauma <i>on family systems.</i>						
6. Agency provides ongoing training and coaching <i>on the importance of self-care.</i>						
7. Agency provides ongoing training and coaching <i>on nurturing relationships.</i>						
8. Agency provides ongoing training and coaching <i>on racial justice.</i>						
9. Agency provides ongoing training and coaching <i>on parent engagement, including hard to reach parents.</i>						
E. Access to Resources or Partnerships:						
1. Staff/providers have <i>knowledge</i> of community resources and partnerships that support families' varied needs.						
2. Staff/providers have <i>access</i> to community resources and partnerships that support families' varied needs.						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
IV. Responding to and Supporting Families Exposed to Violence and Trauma.						
A. Collaborative Identification and Referral Process:						
1. Staff/providers understand and actively promote with caregivers protective factors that can support resilience and healing for families facing adversity						
2. Staff/providers collaborate with the caregivers to identify when the child and family need additional supports.						
3. Staff/providers thoughtfully refer families to a variety of clinical, informal, or culturally specific resources.						
4. Staff/providers are sure to follow up on referrals for children and families they have supported.						
B. Trauma-Informed Interactions with Children and Families:						
1. When working <i>with children and families</i> affected by exposure to violence, staff/providers create climates that are calming, predictable, nurturing, culturally responsive, physically safe and reduce triggers.						
2. When working <i>with populations</i> affected by exposure to violence, staff/providers create						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
climates that are calming, predictable, nurturing, culturally responsive, physically safe and reduce triggers.						
C. Trauma-Informed Mental Health Consultation:						
1. Trauma informed mental health professionals conduct observations and assessments and provide <i>staff/providers</i> with strategies, resources and referrals to support children's healing that consider culturally and linguistically specific resources and approaches to mental health.						
2. Trauma informed mental health professionals conduct observations and assessments and provide <i>community support/ collateral service providers</i> with strategies, resources and referrals to support children's healing that consider culturally and linguistically specific resources and approaches to mental health.						
3. Trauma informed mental health professionals conduct observations and assessments and provide <i>parents</i> with strategies, resources and referrals to support children's healing that consider culturally and linguistically specific resources and						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
approaches to mental health.						
D. Reflective and Collaborative Practice for Addressing Challenging Behaviors:						
1. Staff/providers use reflective practice to examine how their own experiences shape their reactions to children and their challenging behavior.						
2. Keeping that reflection in mind, staff/providers partner with parents/caregivers and other appropriate stakeholders to develop positive behavior support plans that respond to the unique needs and culture of each individual child and family.						
V. Relationships and Environments that Promote Resilience						
A. Safe and Nurturing Spaces:						
1. Agency's indoor and outdoor spaces are <i>welcoming, nurturing, and engaging</i> .						
2. Agency's indoor and outdoor spaces are <i>developmentally appropriate</i> .						
3. Agency's indoor and outdoor spaces are <i>culturally responsive</i> .						
4. Agency's indoor and outdoor spaces are <i>physically safe</i> .						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
B. Meaningful Adult Relationships:						
1. All staff/providers, including non-direct-service staff, use varied strategies to intentionally develop relationships with children and their families that are <i>safe and consistent</i> .						
2. All staff/providers, including non-direct-service staff, use varied strategies to intentionally develop relationships with children and their families that are <i>culturally responsive</i> .						
3. All staff/providers, including non-direct-service staff, use varied strategies to intentionally develop relationships with children and their families that are <i>trusting and nurturing</i> .						
C. Consistent Routines and Schedules:						
1. Staff/providers develop and follow clear, consistent, and predictable procedures and routines that support children to feel secure and ensure smooth and safe care experiences, including transitions between providers, procedures, and physical spaces.						
D. Promoting Relationship Skills and Self-Management:						
1. Staff/providers, together with children and						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
families, identify expectations and limits for the child's behavior while at the Agency that are <i>clear and consistent</i> .						
2. Staff/providers, together with children and families, identify expectations and limits for the child's behavior while at the Agency that are <i>developmentally appropriate</i> .						
3. Staff/providers, together with children and families, identify expectations and limits for the child's behavior while at the Agency that are <i>trauma sensitive</i> .						
E. Social Emotional Teaching:						
1. Staff/providers use a variety of appropriate activities, including play, and materials, including bilingual resources, to help children and families <i>feel safe</i> .						
2. Staff/providers use a variety of appropriate activities including play, and materials including bilingual resources, to help children and families <i>support social and emotional development and develop resilience</i> .						
F. Building a Community:						
1. Staff/providers use varied small and large group activities that are open to caregiver						

Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessment: Community Mental Health Version



	0 We don't do this at all	1 Strongly disagree (we really don't do this well)	2 Disagree (we don't do this much or well)	3 Agree (We do ok or pretty well with this)	4 Strongly agree (we do this really well & consistently throughout our center)	5 Not applicable or don't know
participation and/or input, to build a positive, supportive, connected community among the staff, caregivers and children receiving services through the AGENCY.						

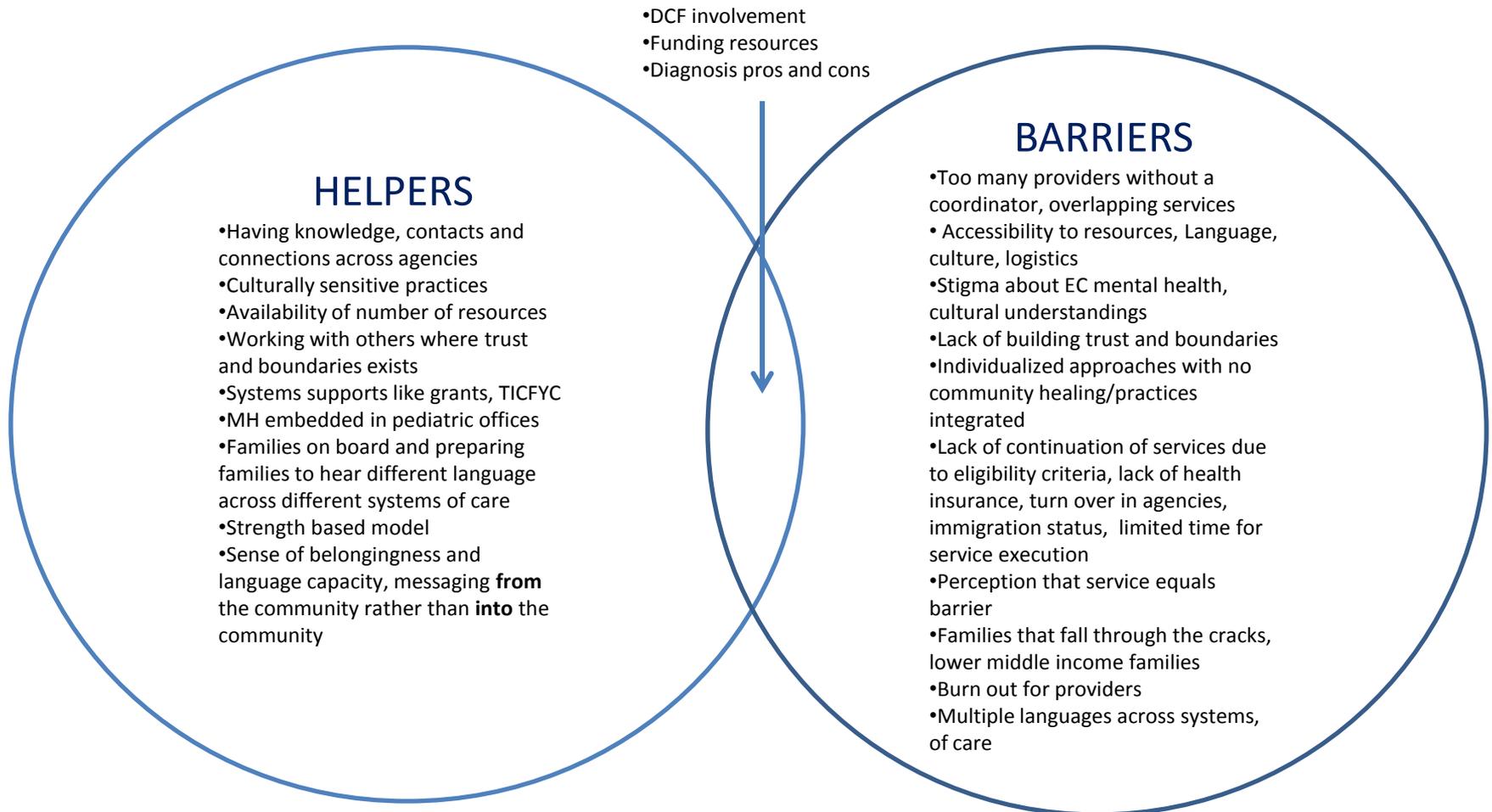


Boston Public Health Commission
Trauma Informed Collaborations for Families with Young Children (1-1 coaching sessions)

DATE	TIME	AGENCY	CHANGE AGENTS	ROLE	AGENDA	NEXT STEPS/ ACTION
8/10/15	2-3 PM			Asst. Director Director	-relationship building -role and expectations of 1-1 coaching	- self assessment review
8/12/15	1-2 PM			Lead Teacher Social worker	-relationship building -role and expectations of 1-1 coaching	- self assessment review -narrow on 1 change process
8/14/15	10:30-11:30 AM			Director Training/Dev Admin	-relationship building -role and expectations of 1-1 coaching	- self assessment review -narrow on 1 change process
8/24/15	2-3 PM			Asst. Director Director	- self assessment review	-What is QI/PDSA
8/26/15	9:30-10:30			Supervisor	-relationship building -role and expectations of 1-1 coaching	- self assessment review
8/28/15	9-10			Disabilities specialist coordinator	-relationship building -role and expectations of 1-1 coaching	-self assessment review
8/28/15	12-1 pm			Director Training/Dev Admin	-self assessment review -narrow on 1 change process	What is QI/PDSA -narrow on 1 change process
9/9/15	10-11 am			Supervisor	- self assessment review	What is QI/PDSA

MEHC Collaborative Statement of Purpose

“We are a developing partnership of direct service providers of children and families committed to building sustainable networks, relationships, systems and resources to generate and support a more trauma informed community”



Codman Neighborhood Statement of Purpose

“We are a multidisciplinary team committed to increasing opportunities for families with young children to access systems sensitive to the effects of trauma”

- Shared understanding of work flow within and b/w agencies
- Consistent messaging

HELPERS +

- Positive communication
- strengths and needs
- having options available in the community (referrals, strategizing of offering options)
- different perspectives
- Access to interpreters
- cultural awareness and humility
- wraparound care meetings
- Caregivers on board and as part of the team (meeting parent where they are at)
- release of information across agencies
- Flexibility and empathy
- Try best to communicate with one another
- Having diverse clinician experience
- Staff experience
- Singular mission

BARRIERS –

- Caregiver perceptions (of help and mental health)
- negative patterns of communication
- Little faith in agencies
- Accessibility
- Language and cultural barriers
- Intergenerational trauma
- Prejudiced attitudes towards labeling
- Knowing family’s history
- Service delivery, Limited services and only with the child (play therapy) and no in-home services
- communication between agencies
- Scheduling
- Staff turn over and burn out
- Generalizing agency reputation
- Funding
- HIPAA
- Service delivery, from referral to actual delivery
- Different language across systems of care

2. Reported Progress on Improving Trauma Informed Care

At the end of year two, the majority (8/9) agencies reported successful changes with either children, parents, or at the operational level. In some cases, agencies reported changes across multiple levels. These changes are described below, and are summarized by agency type (Health Center, Child Care, and Mental Health Center) in the table below.

We also explored the extent to which agencies were successfully spreading and/or sustaining changes they made over time. Sustained changes are defined as ones that were introduced in year one (2015-2016), and were continued and built upon during year two (2016-2017). Sustainability was a priority in TICFYC, and there is evidence that some changes were sustained over time. In addition, as agencies tested new strategies and identified successes, they sometimes were able to then spread those successes more broadly through the organization. As highlighted below, BPHC project staff observed that the majority of the sites were able to sustain some changes:

“Most of the sites have moved into the “cheer on” phase of the sustainability process. So it’s the do for, do with, and then cheer on. So I feel like some of the sites like they’ve got it down. They’re doing good. They don’t need me. Which is amazing. I feel like that’s a huge accomplishment. And, so that’s happening at some sites where it’s really in its sustainability phase of how are they continue the practice of it.” (TICFYC Staff Member)

Table 4: Changes Reported by Agency

Agency	Changes with Children	Changes with Parents	Operational Level Changes
Child Care	X	X	
Child Care		X	X
Child Care	X	X	X
Child Care		X	
Child Care	X	X	
Health Center	X		X
Health Center			X
Mental Health		X	X
Mental Health	X	X	X

The Wilder Survey: Neighborhood Collaboratives

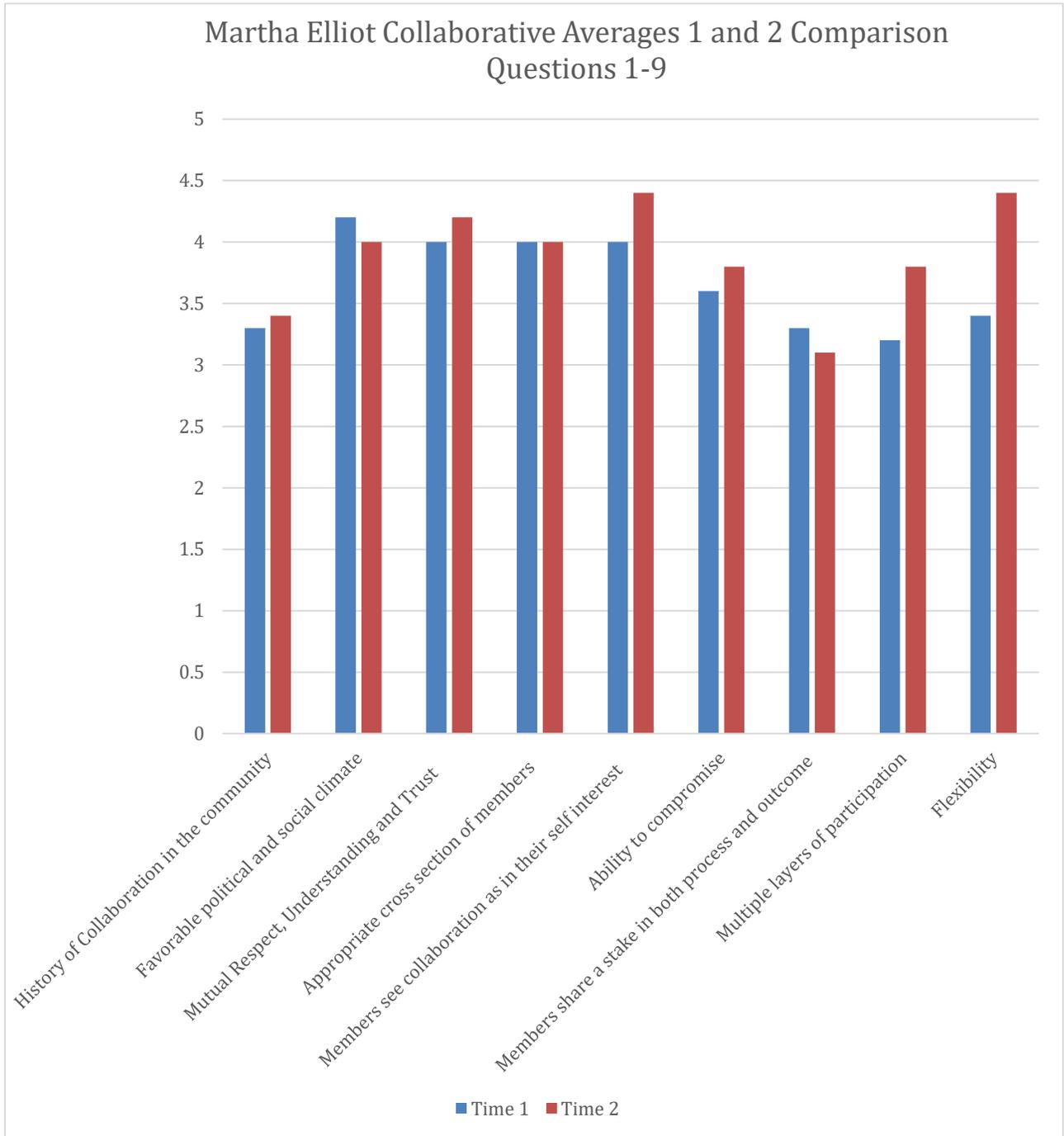
The Wilder Survey was another measure administered in TICFYC. This survey measured collaboration, based on surveying the partners who were members of the collaboratives. The survey includes items such as history of collaboration in the community, political or social climate, members having a stake in both processing and outcome, flexibility, adaptability, pace of development, open and frequent communication, concrete and attainable goals and objectives, skilled leadership, and more. The survey was administered twice within the two neighborhood collaboratives.

What is the Wilder Collaboration Inventory?

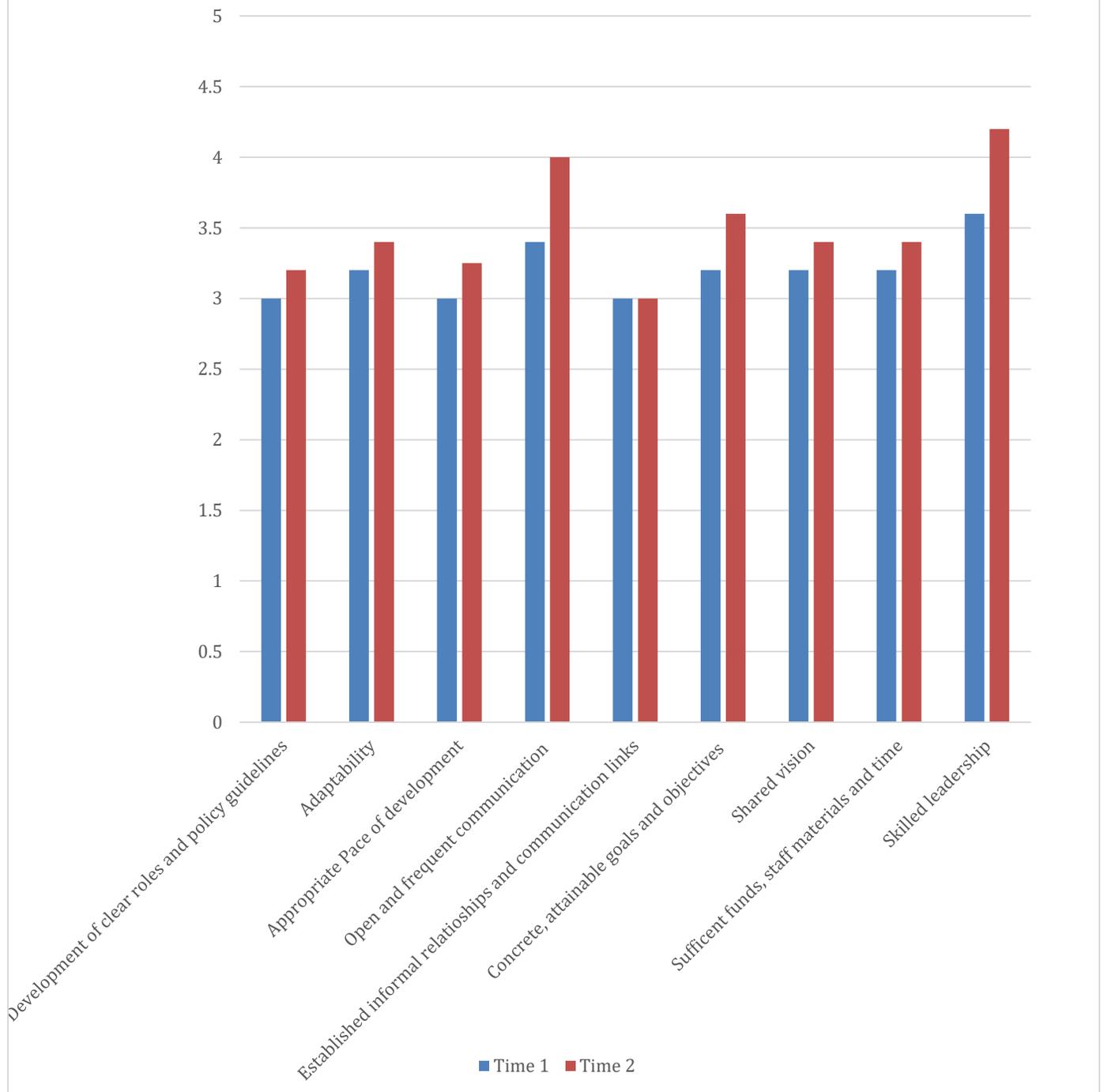
- Measures perceptions of members of a group tasked with working together on a specific community initiative or a common area of interest.
- Measures the strength of the collaborative group as a unit.
- Rating on a scale of 1-5 (strongly disagree, disagree, neutral/no opinion, agree, and strongly agree)

- A. Collaboration Martha Elliot: As seen in graph 1, Martha Elliot teams showed improvement in 13 of the 18 areas of collaboration from year one to two of TICFYC. Their scores stayed the same twice, and went down three times.
- B. Collaboration Codman Square: Graph 2 shows indicators of collaboration at Codman Square. Codman Square's scores on collaboration in 14 out of 18 indices of improvement. Their scores went down in four areas of collaboration.

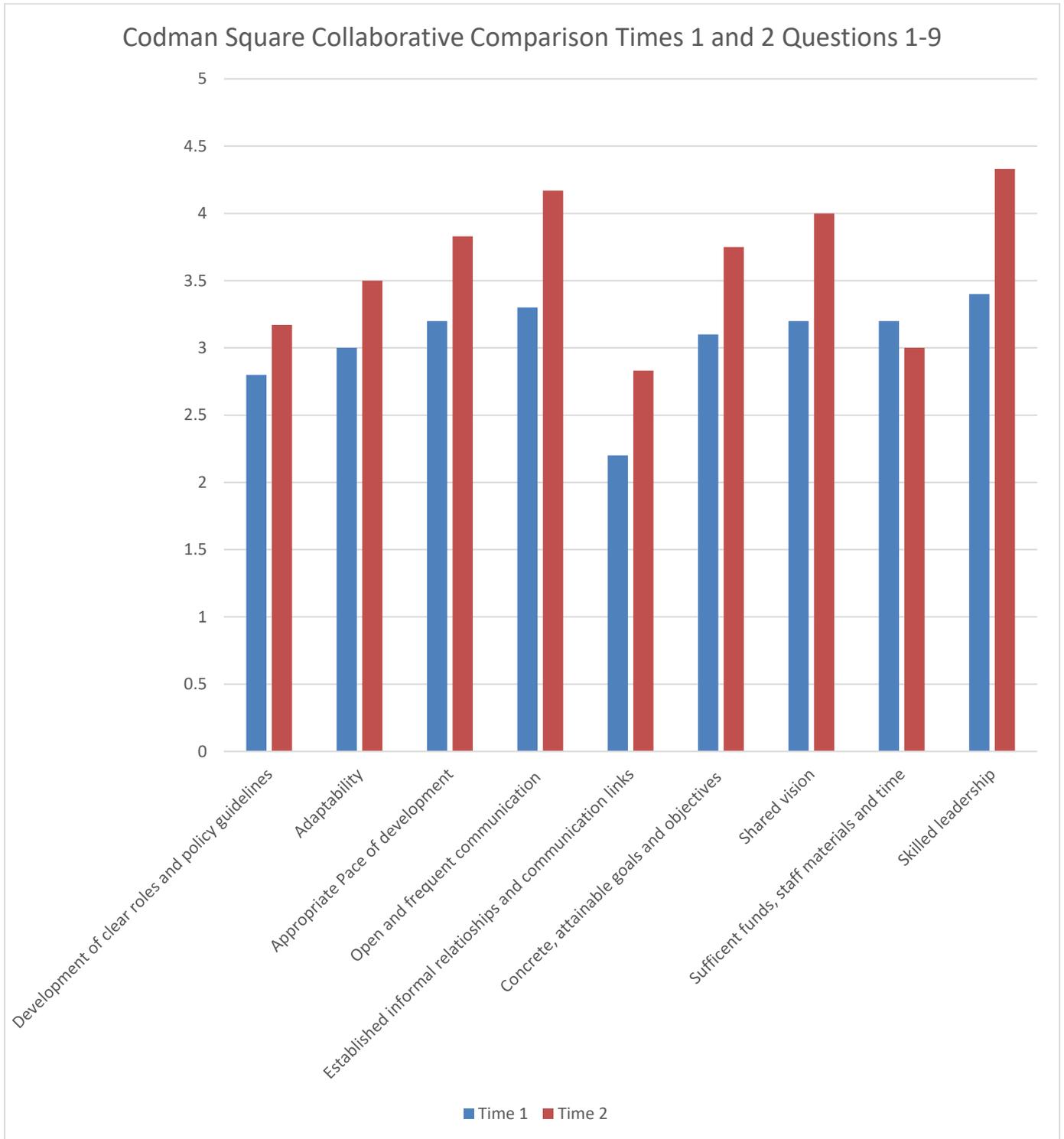
Graph A: Martha Elliot Collaboration



Martha Elliot Collaborative Times 1 and 2 Comparison Questions 10-18



Graph B: Codman Square Collaboration



Codman Square Collaborative Comparison Times 1 and 2 Question 10-18

