



**Covenant
House**
Opening Doors for Homeless Youth



TRAUMA INFORMED CHANGE PROCESS AND IMPACT



November 2019

CATALYST FOR CHANGE

- Literature review - Trauma Homelessness Initiative (Australia) – average of 21 traumatic experiences
- Data analysis
- Program review
- YOUTH VOICE

THE CHALLENGE

- History – 35+ years of experience, international organization
- Size – youth 2500 / year, 300/day
 - 260 staff / 170 program staff
- Diversity of staff group - - nurses, social workers, youth workers, vocational counsellors
- Unique funding structure – over 80% fundraised

CHANGE PROCESS

Phase 1

- Establish leadership and champions
- Trauma literacy – common language
- Policy change – alignment with TI principles
- Engagement of other departments, communication
- Integrate TI practice into performance objectives
- Taking the temperature/reset
- Formal evaluation

CHANGE PROCESS

Phase 2

- Skill Development - Practice , Practice, Practice
- Application of principles
- Reflective Supervision – support TI practice
- Individualized performance plans
- Evaluation

IMPLEMENTATION TOOLS



TRAUMA INFORMED LANGUAGE

FROM



TO

What we say...

"Unacceptable Behaviour"

What's really going on...

"Understandable Behaviour"

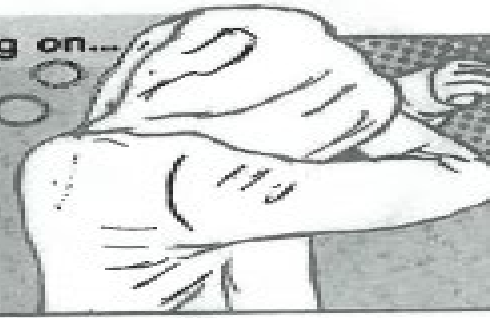


What we say...

"Avoidant"

What's really going on...

"In 'flight' survival mode"



What we say...

"Defiant"

What's really going on...

"In 'fight' survival mode, coping with a threat"



What we say...

"Aggressive"

What's really going on...

Frightened



What we say...

"Attention Seeking"

What's really going on...

"Attachment Seeking"

What we say...

"Withdrawn"

What's really going on...

"Cautious"

What we say...

"Rude"

What's really going on...

"Self Protective"

What we say...

"Not Engaging"

What's really going on...

"Doesn't feel safe yet"

TOOLKIT

(Trauma Homelessness Initiative – Australia)

- 4 areas of recovery:
- A) problem solving
- B) managing emotions
- C) helpful thinking
- D) building connections

- Activities based on evidence informed cognitive and behavioural approaches
- What to do if you have 5 min?
- What to do if you have 15 minutes
- What to do if you have more than 15 minutes

SUSTAINING MOMENTUM

- Challenge – how to help apply TI principles in their daily practice
- Leadership team – meet monthly to review progress, identify areas that are struggling
- Identify a remedial plan
- Monthly all program meetings – focused on application of principles

WHAT DOES THIS LOOK LIKE ON THE GROUND?

TI PRINCIPLES

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

IMPACT EVALUATION

Methods:

- KPIs (administrative & survey data)
- Youth survey (n=147) & interviews (n=16)
- Staff interviews (n=43), including non-program staff

CHANGES OBSERVED

Total Served in Year:

2016-2017: 922

2018-2019: 624

Length of Stay:

2016-2017: 16 days

2018-2019: 30 days

IMPACT – RIPPLE EFFECTS

Health Care

- Naloxone training & distribution, assessment training

Development & Communications

- Our brand
- Our “story” for donors, challenges

Housekeeping

- Impact has been large – mess, room access

Human Resources

- Hiring (including new positions), Performance appraisals
- Debriefing procedure for critical incidents

INTERVIEW RESULTS - YOUTH

- Many youth notice a difference, more flexibility
- Discussed variation depending on staff they encounter
 - E.g. rules, flexibility
- Safety outside building
- Still want more flexibility in some program aspects (wake ups, room access, overnights)

INTERVIEW RESULTS – STAFF

- Identified several positives:
 - Youth Council
 - Can develop more genuine relationships (i.e. honesty, fewer power struggles)
 - More time
 - Calmer environment in general
- Lots of variation in responses, including what trauma-informed care means

CHALLENGES

- Size of organization – Over 200 staff, 96 youth
 - Training & mentoring
 - Individualized plans difficult
- Recurring concerns: engagement, de-escalating
- Violence in city – maintaining a safe space
- Staff burnout

CHALLENGES

- Working in the grey is difficult, like black and white rules
- Many staff struggle with tension between 'structure' and meeting youth 'where they are at'
- Mistake trauma-informed care with no expectations
- Difficulties with role as mentor, not authority

RECOMMENDATIONS

- Change is a long game- phases
- Change is a balancing act
- Change needs quick wins
- Leadership and dedicated change champions are critical
- Communication – across all agency departments

RECOMMENDATIONS

- Challenge the status quo – pause, assess and reset
- Need to continually review policies from a TI lens
- Need to attend to individual performance of staff
- Development of formal model to measure fidelity
- More training (motivation, reflective supervision)