EMMIE SUMMARY

Organisation-wide, trauma-informed care models in out-of-home care settings

This evidence summary is based on the following systematic review

Bailey, C., Klas, A., Cox, R., Bergmeier, H., Avery, J. and Skouteris, H. (2019). Systematic review of organisation-wide, trauma-informed care models in out-of-home care (OoHC) settings. Health & social care in the community 27(3), 10-22

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ORGANISATION-WIDE, TRAUMA-INFORMED CARE MODELS IN OUT-OF-HOME CARE SETTINGS

What is the intervention?

There is widespread recognition that the experience of trauma can have adverse effects on children's development, including both health and social outcomes (van der Kolk, 2007; Siegel, 2007). Therapeutic and trauma-informed models of care are therefore increasingly being adopted within children's social care, including in relation to children looked after. Bailey et al.'s (2019) review considers organisation-wide implementation of trauma-informed models, and their effect on out-of-home care. The review considers seven studies, looking at three different interventions:

- Attachment Regulation and Competency[1]
- Children and Residential Experiences[2]
- Sanctuary Model[3]

The Attachment, Regulation and Competency framework is based on theories of attachment, development and trauma, and was developed in the United States by Kristine Kinniburgh and Margaret Blaustein (Arvidson et al., 2011; Blaustein and Kinniburgh, 2010).

The Children and Residential Experiences Programme promotes flexible working through training all levels of staff working with trauma in group care settings to adopt reflective practice in their staff development, and was first piloted in the United States in 2006 (Holden et al., 2010). Whilst the training follows a set series of steps, organisations are encouraged to use their creativity in implementing the learning (Izzo et al., 2016).

At the heart of The Sanctuary Model are "four basic pillars of knowledge: the psychobiology of trauma; the active creation of nonviolent environments; principles of social learning; and an understanding of the ways in which complex adaptive systems grow, change, and alter their course" (Bloom et al., 2003). Since the early 2000s, this model has been used in a range of settings with children, adolescents and adults who have experienced trauma.

All three interventions are focused on the provision of frameworks at an organisational level which enable more trauma-informed practice, although the Children and Residential Experiences model aims to incorporate this throughout all working relationships whereas the other interventions focus more upon the relationship between the organisation and the child or family.

Which outcomes were studied?

The included studies, relating to these three interventions, considered the following outcomes, broadly related to children's behaviour:

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[1] Arvidson et al., 2011; Hodgdon et al., 2013 ; 2016
[2] Izzo et al., 2016
[3] Bloom et al., 2003; Kramer, 2016; Rivard et al., 2005

- General child behaviour
- Mental health symptoms
- Aggression
- Coping skills

In addition, Bloom et al.'s study of the Sanctuary Model considered outcomes in working practices as well as those in children's behaviour; including staff interest, pride and demeanour.

How strong is the evidence?

Bailey et al. are clear that although these studies are well-presented, the evaluation evidence provided for these models of care is weak, with a high risk of bias evident in six of the seven included studies. Five of the seven studies employed a qualitative or naturalistic design, focused primarily on observation and interviews. Izzo et al.'s (2016) study of the Children and Residential Experiences model utilised a multiple baseline interrupted time series, whilst Rivard et al. (2005) used a comparison group design.

Five of the seven studies were considered to have weak evaluation study design, and all studies were rated as weak on the basis of drop-out rates. Weaknesses included a lack of 'blind' control groups, the fidelity of the interventions (with many participants not receiving the intervention), and brief methodological descriptions. Bailey et al. also note that it is difficult to synthesise evidence on outcomes, due to a lack of consistency across studies and a range of different outcomes being studied.

Only one of the papers assessed (Izzo et al., 2016) was classed as having moderate risk of bias, in part due to the multiple baseline employed, where the intervention in question was implemented in different residential units at different points in time.

Overall, none of the seven papers was based on a randomised controlled trial and as such the level of outcome evaluation evidence is weak. Bailey et al. highlight that given the apparently widespread adoption of trauma-informed models across children's social care, there is an urgent need for more rigorous assessments of such interventions. Implementation science is the suggested model for future research in this area.

Effectiveness: how effective are trauma-informed care models in out-of-home care?

Within the included studies, there are promising signs of improvements as a result of trauma-informed approaches, with no sign of detrimental effects, but these improvements are based on minimal evidence that is of limited rigour or quality, with high risk of bias.

Attachment, Regulation and Competency: All three studies showed promising results. Arvidson et al. (2011) found implementation of this framework led to improvements in child behaviour, whilst Hodgdon et al. (2013; 2016) found reduced levels of post-traumatic stress disorder amongst children who had received this treatment.

Children and Residential Experiences: Izzo et al. (2016) found that implementation of this programme resulted in reduced aggression towards staff, reduced property destruction and lower

incidences of runaways. There was however no significant reduction in aggression towards peers, or self-harm.

Sanctuary Model: Whilst reporting of outcomes was not consistent across the three studies (i.e. they did not measure the same outcomes), a number of promising outcomes were highlighted including a lower number of reported seclusions within the institutions studied; higher levels of satisfaction in young people in those institutions; improved level of interest from staff; and improved coping skills of young people. Neither Bloom et al.'s (2003) nor Kramer's (2016) studies used comparison groups, so improvements were measured over time using qualitative measures. Rivard et al.'s (2005) study featured a control group against which improvement was measured. As a result of these factors, Bailey et al. note that all three of these studies have significant weaknesses in methodology, bias, and overall evaluation design.

A further complication in establishing evidence in this area noted by Bailey et al. is the complexity of evaluating a system-wide approach or intervention.

Mechanisms: When, where and how does it work?

All three models considered within the review aim to promote organisational change, in which organisations embed trauma-informed approaches into their work at all levels. This is believed to lead to improved outcomes for children, and is rooted in a variety of underlying theories. The Sanctuary Model, in particular, draws upon Trauma Theory, Social Learning Theory, Nonviolence, and Complexity Theory (Abramovitz and Bloom, 2003).

The trauma-informed models considered within the review have been used in a variety of settings, both residential and non-residential, including child protection teams (Arvidson et al., 2011), adoption teams (Hodgdon et al., 2016), residential care homes (Izzo et al., 2016) and psychiatric hospitals (Bloom, 2003).

Moderators: Who does it work for?

The studies within the review considered a variety of age ranges, from 3-12 year olds (Arvidson et al., 2011), to those between 12 and 22 years old (Hodgdon et al., 2013), with a suggestion that the potential benefits of trauma-informed models are not restricted to a particular age range, as such models have also been used with adult populations. No clear picture emerged about the suitability of the models for any particular ethnic groups because each one of the studies that reported ethnicity had a different ethnic profile of participants.

Implementation: How do you do it?

Relatively little information was provided of how each of the interventions was implemented, particularly in the case of the Children and Residential Experiences programme. The information given for each intervention is summarised here.

Although the review was conducted in Australia, all seven studies contained within the review were conducted in the United States. It is currently unclear whether these interventions would be successful outside of that context.

Attachment, Regulation and Competency:

Three of the included studies (Arvidson et al., 2011; Hodgdon et al., 2013; Hodgdon et al., 2016) were based on implementation of the Attachment Regulation and Competency Framework. This framework is designed to be implemented at the level of child, family or care-givers, and the whole organisation. The suggestion is that a "therapeutic culture" at all levels will help to improve a child's outcomes in a variety of areas (including attachment to care-givers, emotional regulation and a greater understanding of their own experiences).

The framework is based on addressing four key areas (Kinniburgh, 2005):

1. Attachment development
2. Skills development and self-regulation
3. Competency building
4. Developing self-understanding of trauma

Children and Residential Experiences:

One study (Izzo et al., 2016) examined the Children and Residential Experiences programme, which also aims to foster a therapeutic environment at the organisational level. Whilst little detail is given on how this is implemented, the focus is on improving relationships at every level in the organisation, with the suggestion that this will in turn improve the service that children and families receive.

The Sanctuary Model:

Three studies (Bloom et al., 2003; Kramer, 2016; Rivard et al., 2005) considered The Sanctuary Model, another method for embedding an understanding of trauma within the organisation. Unlike the other two methods, the Sanctuary Model has a level of scientific rigour (categorised by the California Evidence-Based Clearinghouse for Child Welfare), due to the utilisation of the aforementioned tested theories. Despite indications of positive outcomes, there is limited detail given of the way in which these models have been implemented. However, as described in the initial outline of each of the models, the focus is upon making changes at an organisational level, ranging from ensuring that physical environments are "safe spaces" to staff training on trauma and its impacts (Hodgdon et al., 2013). This then leads to apparent improvements in the care and support of children.

Economics: What are the costs and benefits?

No economic analysis was reported as a part of this review.

What are the strengths and limitations of the review by Bailey et al.?

Bailey et al. have used rigorous criteria to identify the seven studies included in this review. The key strength highlighted by Bailey at al.'s review is the promising nature of trauma-informed approaches

when they are used in relation to out-of-home care, which can be considered alongside previous positive anecdotal evidence that supports such approaches (Bailey et al., 2016).

However, the review is clear in its assessment that all of these studies must be considered with caution due to weaknesses in evaluation design and a high potential for bias.

Summary of Key Points

- There is some very limited evidence that trauma-informed models of care may improve outcomes for children in out-of-home care, with no evidence of detrimental effects
- Currently, the studies which are available are not based on strong evaluation designs, and show a high risk of bias
- The heterogeneity of current studies (looking at a mixture of models, in a mixture of settings, and using different methods) creates difficulty in establishing effectiveness
- As trauma-informed care is increasingly adopted by social care services worldwide, there is a pressing need for more robust studies into its effectiveness

References

Abramovitz, R., and Bloom, S.L. (2003). Creating sanctuary in residential treatment for youth: from the "well-ordered asylum" to a "living-learning environment". Psychiatric Quarterly, 74(2), 119-135.

Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C. and Blaustein, M. E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. Journal of Child & Adolescent Trauma, 4(1), 34–51.

Bailey, C., Klas, A., Cox, R., Bergmeier, H., Avery, J. and Skouteris, H. (2019). Systematic review of organisation-wide, trauma-informed care models in out-of-home care (OoHC) settings. Health & social care in the community 27(3), 10-22.

Blaustein, M. and Kinniburgh, K. (2010). Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competence. New York, NY: Guilford Press.

Bloom, S., Bennington-Davis, M., Farragher, B., McCorkle, D., Nice-Martini, K., & Wellbank, K. (2003). Multiple opportunities for creating sanctuary. Psychiatric Quarterly, 74(2), 173–190.

California Evidence-Based Clearinghouse for Child Welfare. (2016). California Evidence-Based Clearinghouse for Child Welfare. Retrieved from http://www.cebc4cw.org/

Izzo, C. V., Smith, E. G., Holden, M. J., Norton, C. I., Nunno, M. A. and Sellers, D. E. (2016). Intervening at the setting level to prevent behavioural incidents in residential child care: Efficacy of the CARE program model. Prevention Science, 17(5), 554-564.

Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L. and Spinazzola, J. (2016). Application of the ARC Model with adopted children: Supporting resiliency and family well being. Journal of Child and Adolescent Trauma, 9(1), 43–53.

Hodgdon, H. B., Kinniburgh, K., Gabowitz, D., Blaustein, M. E., & Spinazzola, J. (2013). Development and implementation of traumainformed programming in youth residential treatment centers using the ARC framework. Journal of Family Violence, 28(7), 679–692.

Holden, M.J., Izzo, C.V., Nunno, M.A., Smith, E.G, Endres, T.G., Holden, J.C. and Kuhn, F. (2010). Children and residential experiences: a comprehensive strategy for implementing a research-informed program model for residential care. *Child welfare* 89 2: 131-49.

Kinniburgh, K. (2005). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. Psychiatric Annals, 35(5), 424-430.

Kramer, M. G. (2016). Sanctuary in a residential treatment center: Creating a therapeutic community of hope countering violence. Therapeutic Communities: The International Journal of Therapeutic Communities, 37(2), 69–83

Murphy, K., Moore, K. A., Redd, Z. and Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. Children and Youth Services Review, 75, 23–34.

Rivard, J. C., Bloom, J. C., McCorkle, D. and Abramovitz, R. (2005). Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. The International Journal for Therapeutic and Supportive Organizations, 26(MARCH), 83–96.

Siegel, D. (2007). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, "mindsight", and neural integration. Infant Mental Health Journal, 22, 67–94.

van der Kolk, B. A. (2003). Psychological Trauma. Washington, DC: American Psychiatric Publishing.

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