

Evaluation of LW CYPSC Trauma Informed Care Conference



Report presented to
Longford Westmeath
Children and Young
People's Services
Committee

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Foreword

The journey to promote and embed a trauma informed practice approach across the Midlands has been on-going since 2019 when it was initiated by the Laois / Offaly CYPSC and Midland's ACES Hub. The two-day Trauma Informed Care Conference, titled Taking Action Collectively, held in May 2024 was the most recent collaborative event within this journey.

Since commencing the approach has been a collaborative one between TUSLA and our partner agencies. This collaborative approach is ultimately the core strength of the process. Many who attended the conference commenced with us on this journey in 2019. What is so heartening is the continued commitment and dedication that has been evidenced by all involved to further embed and progress a trauma informed practice approach within all services.

It was hoped that the conference would serve as a platform for further dialogue, learning and collaboration to further advance and embed trauma informed practice across all services within the four counties of the Midlands.

The two main objectives of the conference were -

Attendees will increase their awareness of the impact of trauma and trauma history on service users and how a trauma informed environment enables enhanced engagement and ultimately leads to better outcomes both for the individual and their families.

Attendees will increase their awareness of the impact of trauma on us as practitioners /individuals who deliver services. Hopefully you will leave with knowledge of additional self-care techniques that you can apply both at work and at home.

We are however very conscious of the need not to assume but to constantly review and learn from what we do, hence the decision to commission an independent evaluator, to evaluate the conference in meeting its objectives and any gaps arising.

I would like to acknowledge those of you who actively participated in the evaluation process.

While it has been very heartening to read the very positive feedback arising, we are very conscious of the learnings arising and will ensure to take those on board when planning the further progression of embedding a trauma informed approach across Midland services.

Sincerely

Annette Maguire

CYPSC Chair / Area Manager Tusla.

Acknowledgements

I would really like to thank Grainne Reid, Longford Westmeath CYPSC Co-ordinator and the whole Conference Planning Committee for their enthusiasm, dedication and absolute passion for this work, which was so evident from the first meeting. It was a pleasure to evaluate this conference and observe first-hand the impact it was having on the large number of participants from a wide range of sectors across the two counties.

My role as an evaluator was also greatly facilitated by Grainne's unwavering commitment, responsiveness and in-depth understanding of this work. Her enthusiasm was infectious, and this helped in gaining such a large number of survey responses, with very reflective comments. This was also indicative of the strong levels of engagement with the conference.

The commitment to embedding Trauma Informed Care across the two counties was very evident and I would like to commend all the individuals and organisations who have worked so hard to make this happen. I would like to thank everyone who took the time to provide feedback, which greatly enriched the data available on the conference and the impact it had on participants.

Louise Kinlen, Research & Evaluation



Executive Summary

The Longford Westmeath CYPSC Conference on *Trauma Informed Care - Taking Action Collectively* (TIC TAC) was held in Mulligar on 1st-2nd May 2024. This report presents the findings of the evaluation of the conference, the process leading up to it and the collective learning in implementing trauma informed practice in supporting vulnerable children and families in Longford Westmeath.

The evaluation was carried out using summative and formative approaches, with data collection undertaken through methods such as conference observation, pre and post surveys with participants, speakers and planning committee and a post-conference focus group with the planning committee.

Overall findings on conference

The conference was a very successful event, which exceeded expectations in terms of attendance and outcomes. A total of 313 people attended over the two days, from a range of sectors including social work, schools, Family Resource Centres, Gardai, play therapy, community work/ development, youth work, health promotion, local authorities, early childhood care and education and policy makers. 34% of participants filled in a detailed post conference survey, and others provided verbal feedback through voice notes and videos.

As shown throughout this evaluation, the objectives of the conference were achieved to a very significant extent. This included an increased awareness of the impact of trauma and trauma history on both service users and service providers. It was clear also that participants understood better the role of a trauma informed environment and how it helps service users to engage more effectively, thus increasing the likelihood of better outcomes for vulnerable children and families. Conference participants showed a hunger to learn more, implement what they learnt and make changes in their practice.

An overwhelming majority found that the conference met their expectations (average ranking of 4.77 on a scale of 1 to 5). Reasons given for this included:

- The high quality of speakers, including their expertise, experiences and content.
- The ways in which the speakers related with the participants and brought their content alive. Several noted how well chosen many of the speakers were.
- Networking opportunities, particularly with people working at local level in Longford / Westmeath.
- The Conference went above and beyond what people expected.
- A good mix of content was noted between speakers and wellbeing activities, with several positive comments on the layout of the day.
- Some suggested tweaks in terms of the timing and format of the conference
- The content was relatable and relevant to people's work, with examples given of how it could be put into practice.
- Several noted positively the emphasis on staff wellbeing and its importance in the context of this work.
- Some noted the overall atmosphere, venue and extra touches such as food and goodie bags.
- Participants spoke about their varying degrees of prior understanding of Trauma Informed Care,
- A few spoke about the emotional impact of some of the topics but felt that they were in a safe place.

Ranking of specific aspects

Overall, participants ranked specific aspects of the conference very highly, with mean scores (on a scale of 1 to 5) as follows:

Speakers: 4.73	Selection of topics: 4.6	Breakout/wellbeing: 4.35
Networking: 4.59	Overall Organisation: 4.86	Venue and food: 4.78

Specific aspects of content that participants found particularly interesting / enjoyable were:

- The rich personal experiences of some speakers
- Hearing the voices of people with lived experiences in the videos
- Learning from the science behind trauma
- Learning about the impact of play and play therapy
- The importance of self-care
- A curiosity and strong interest in the Start from the Heart programme
- The audience was put at ease by some presenters
- The energy of some presenters in how they engaged with the audience.

Follow on learning

Respondents were asked a series of questions about what they would like to put into practice following the conference. Some of the key themes included a strong emphasis on play and play therapy and self-care. Others spoke about overall recognition of trauma and ensuring their responses were trauma informed; awareness of domestic violence; being authentic and human; building relationships; perseverance in supporting a child; recognition of someone's 'window of tolerance' and recognitions of the impact of poverty on trauma.

The Planning Group and Speakers also provided reflections on the organisation, delivery and learning from the conference. Both groups were very pleased with the implementation of the conference and the speakers noted that they were engaged in the process and were able to plan their content on the basis of who else was presenting.

It was noted that there had been a thorough and participatory planning period of two years leading up to the conference, which allowed for reflection and discussion and was described as a 'bottom up approach'. It did not start with funding, and instead the conference programme was developed organically and funding was then sought from the various partner organisations. The model was noted as having a strong process built in to bring in different partners and to embed the trauma informed care approach within organisations and across a range of services.

Overall Recommendations on conference organisation and delivery (based on feedback from all groups)

- Set out clear expectations for speakers and conference planning from the outset.
- It may have been useful to have shorter presentations, some Q&A and/or workshops where participants could discuss what they heard.
- Some participants would have liked an opportunity to discuss the implementation of the learning in their work in smaller groups.
- Several participants spoke about wishing they had more time for coffee/networking and did not necessarily want a structured activity throughout the day.
- A small number of participants suggested that they may have been happy to pay a small contribution towards the conference and forego the raffle.

Planning Committee Focus Group Recommendations on embedding Trauma Informed Care (TIC) in practice

- Organisation of networking events to discuss relevant topics, including participants who were unable to attend the conference and groups who were less represented

- Develop guidance sheets for projects on shared learning – with tips on trauma informed care
- Hold some shorter training sessions, especially for staff who could not dedicate a full day to TIC training.
- Undertake trauma audits as suggested by conference participants – including undertaking audits of buildings where services are located.
- Implement some of the suggestions around play and incorporating play into more services (not just play therapy)
- Training and emphasis on self-care and understanding and recognising triggers
- Support schools to build on their understanding of trauma and how it affects children’s learning
- Establish a core mailing list, with CYPSC members and other relevant services
- Organise podcasts and lunchtime talks on topics of interest
- Buy in from partner funding agencies and explore further funding opportunities
- Build TIC into strategies and plans within services and interagency work
- Ask professionals to be TIC champions
- Strengthen professional practice and increase service users’ awareness through knowledge
- Communicate through dedicated spaces e.g. websites, webinars, podcasts etc.
- Mandate TIC training for certain roles as part of staff induction

Summary of Recommendations for next steps

- Continue to advocate at a national and local/regional level for increased funding for co-ordination and training on trauma informed care through the CYPSC interagency process.
- Organise further workshops and training, as suggested by participants and the Planning Group. Topics that participants suggested they would like to focus more on included the role of play, how to carry out trauma informed audits of buildings/services and basic trauma awareness training for a wider range of service providers and individuals.
- The need for organisations and not just individuals to be trauma aware was highlighted by several participants. Participants also highlighted the need for senior service managers and policy makers to participate in such conferences and training. Several of them may have been present, but this was not necessarily obvious to all attendees.
- Implement the recommendations from the focus group with the Planning Committee and ensure that momentum is not lost. There is also a need to recognise the need for having dedicated funding and commitment to implementing a trauma informed approach.



1. Introduction

This report presents the findings of an evaluation of a Trauma Informed Care conference organised by Longford Westmeath Children and Young People’s Services Committee (LW CYPSC). The Conference was the culmination of dedicated interagency collaboration through the CYPSC process, where partners sought to embed a model of trauma informed care in policy and practice for working with children, young people and their families in the Longford and Westmeath area. A dedicated interagency planning committee was established in 2022 to achieve this aim, culminating in a very successful two-day conference on 1st and 2nd May 2024 in Mullingar, Co. Westmeath. This was an important milestone in establishing an interagency community of practice in Longford and Westmeath, with the Conference Planning Committee continuing to embed this work.

The Conference proposal set out from the outset that an independent evaluation would take place with the aim of capturing the learning and provide support in terms of identifying the next steps in implementing trauma informed care to the most vulnerable families in Longford and Westmeath.

This report provides the results of this evaluation, with some recommendations for next steps. The next section outlines the methodology chosen and the data collection steps. Section 3 provides a brief context of the conference, including some background on Trauma Informed Care and the work of the Planning Committee in preparation for it. The first set of evaluation findings are presented in Section 4, which summarises the data from the pre-conference survey. This is followed by the more in-depth findings of the post-conference survey analysis. Further findings are presented in Section 6 from a survey with the speakers and testimonials. Section 7 is the final findings section, with details from a focus group with the Conference Planning Committee. This is followed by conclusions and recommendations in Section 8.

2. Methodology

The evaluation involved both a formative and summative approach. The Rainbow Approach to Evaluation is a useful tool in deciding which evaluation tasks and methods are best suited to the issue /programme to be evaluated (Better Evaluation, 2024). It organises the methods and processes under the clusters of *Manage, Define, Frame, Describe, Understand Causes, Synthesise, and Report & Support Use*. For this evaluation, the approach could be synthesised under these headings as:

Manage an evaluation

An agreement was made with CYPSC Co-ordinator following submission of a tender. This included the scope of the evaluation, possible methods, timeframe, approach etc. It became evident that the Planning Committee of the Conference played a significant role, and it would be useful to include them in the evaluation planning process.

Define what is to be evaluated

The scope of the evaluation was agreed. Whilst primarily it focused on the conference, it was evident that the conference was an important step in embedding Trauma Informed Care in the Longford Westmeath CYPSC network and beyond. It was agreed that the evaluation should focus on expectations prior to the conference, immediate reactions afterwards, levels of satisfaction and likelihood of implementation of learning in Trauma Informed Care in practice in the future. The interagency element of *Taking Action Collectively* and the emphasis on self-care for service providers were also very important aspects of this conference. The model that was used in designing, implementing and co-ordinating this conference and its broader aims were unique and deserved particular attention.

Frame the boundaries of the evaluation

Leading on from the definition of what was to be evaluated, the next step was to assess what was to be included, key stakeholders, who was the intended audience, key evaluation questions and what success would look like. The key evaluation questions to be posed were included:

- Did participants increase their understandings of Trauma Informed Care as a result of participating in the Trauma Informed Care Taking Action Collectively (TIC TAC) Conference?
- How was the emphasis on self-care for service providers achieved?
- How could we describe the process that was used in organising the conference and post-conference follow up?
- To what extent were the objectives of the conference achieved (as set out by the Planning Group in its proposal document)?
- What are the next steps that should be taken to further embed Trauma Informed Care in services for children and families in Longford / Westmeath?

Describe activities, outcomes, impacts and context

Particular methods were chosen to be able to describe the activities that took place, the outputs (immediate), likely longer term outcomes and impact and the overall context. This involved firstly combination of summative and quantitative data collection methods, including closed survey questions, ranking (Likert scales) etc. The quantitative data provided key information on numbers, expectations, satisfaction levels. The formative approach of the evaluation included looking at the collective learning, the processes, suggestions for improvement. This involved some participatory methods (Gujit, 2014) with the Planning Group and the CYPSC Co-ordinator playing a key role in determining the boundaries of the evaluation, providing feedback at key points and inputting into survey instruments etc.

A summary of the data collection methods used are contained in the table below:



Figure 1 Key data collection steps



Understand causes of outcomes and impacts

In analysing evaluation data, it is important to consider the causes of particular outcomes or impacts and any causal relationships. In this case, the evaluation of the conference is relatively straightforward, and questions asked related directly to participation in the conference. The wider context of implementing a model of Trauma Informed Care was briefly examined.

Synthesise evaluation data

The data gathered in the steps above was synthesised into one overall report. Shorter reports with data from key stages had already been shared for feedback with the CYPSC Co-ordinator and the Planning Group.

Present and use Findings

The overall evaluation findings were summarised in this report and a summary of some key points were made available as a PowerPoint presentation for the CYPSC Co-ordinator to use in further dissemination.



3. Origin of Trauma Informed Care Taking Action Collectively in Longford Westmeath

3.1 What is Trauma Informed Care?

Trauma Informed Care or Practice is a framework for a system change intervention that transforms the organisational culture and practices to address the high prevalence and impact of trauma on service users and professionals and prevents re-traumatisation (Emsley *et al.*, 2022). It is well documented that exposure to one or more Adverse Childhood Experiences (ACEs) during childhood can lead to neurological changes in a child's developing brain and have consequences during adulthood, including increase risks of adults having poor social adjustment, reduced cognitive capacity and low mental wellbeing. These physiological and psychological changes lead to increased rates of physical and mental health conditions as well as poorer educational and employment outcomes. (Bellis *et al.*, 2017; Forkey *et al.*, 2021). There is now a growing awareness of the potential to disrupt these negative consequences and the role of promoting nurturing family relationships, resilience, and social and emotional skills among children and families (Bethell *et al.*, 2017).

The role of Safe, Stable and Nurturing Relationships (SSNR) play a crucial role in helping children adapt to stresses throughout their lifetime (Crouch *et al.*, 2019; Forkey *et al.*, 2021). Services that support children, young people and their families can play a very important role in helping families to break cycles, foster nurturing relationships, build social connections outside the immediate family and help raise awareness of the role of trauma and ACEs in the lives of children (Crouch *et al.*, 2019).

Recognition of Trauma Informed Care has moved outside the realm of health and social work services and is seen as having broader implications for anyone providing care, support and education to children and families (Emsley *et al.*, 2022). There can be challenges in developing a collective understanding of recognition of trauma and providing appropriate responses at institutional and practice levels.

Emsley *et al.*'s in-depth study of policy and implementation of a Trauma Informed approach in the UK found it was in national, regional and local policies, however, there was no UK- or NHS-wide strategy or legislation, nor funding commitment (*Ibid*). They concluded that implementation had been piecemeal professionals wanted enhanced coordination between organisations and regions. They identified key elements that help in the implementation of a trauma informed approach at an organisational level. These include:

- Leadership
- Service user involvement
- Organisational culture
- Resource allocation
- Competing priorities
- Wider context (including government support and funding).

Their conclusions also have relevance for the Irish context, where they found advocacy

for a more centralised strategy, increased funding for education, professional networks and evaluation can contribute towards evidence-informed policies and implementation of Trauma Informed approaches.

3.2 Background to the LW CYPSC Trauma Informed Care Conference and Approach

Laois Offaly (LO) and Longford Westmeath (LW) CYPSC have been collaborating over the past number of years to promote the idea of a 'Trauma Informed Model of Care' in the Midlands area. LO CYPSC

led out on several Trauma trainings and events commencing in 2019, including an Understanding Trauma conference in October 2021, with both LO and LW CYPSC members in attendance. Both LW and LO CYPSC, have also supported the delivery of Trauma informed parent programmes across the four counties, such as Start from the Heart and the Non- Violence Resistance (NVR) programme, both introduced to the area in 2020.

Building on this work, the idea of having a Trauma Informed Conference in the Longford Westmeath area was mooted in 2022, and a dedicated Trauma Informed Care Planning Committee was established under the auspices of LW CYPSC.

The aim was summarised in the Conference proposal as:

‘further embedding the learning to date which has been led out by Laois Offaly CYPSC, to reach out to those services in the Longford Westmeath area who have not to date had the opportunity to attend any of the trainings/ events hosted in the past and who are at the beginning of their journey towards developing a Trauma Informed Model of Care within their services and to further enhance and embed the delivery of both the Start from the Heart and the NVR programmes’.

As a mechanism to advance this aim, a Longford Westmeath Trauma Conference Planning Group was established in Autumn 2022. This was made up statutory, community and voluntary services in the area and had twenty members. This group met every few weeks or as often was necessary. A proposal was agreed in September 2023, which outlines the aims and planned outcomes of the conference, potential speakers, format and proposed costs.

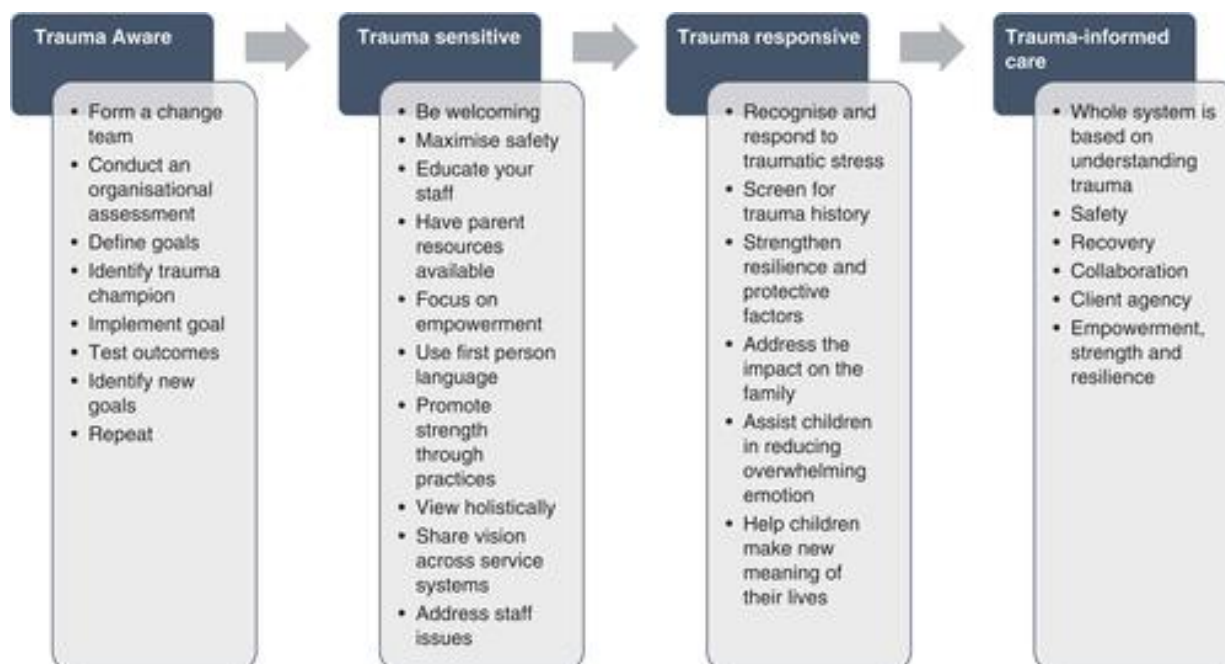
The planned outcomes of the conference as outlined in that document included that delegates would have:

- An increased awareness of the impact of trauma and trauma history on service users and themselves as individuals.
- An understanding of how a trauma informed environment enables service users to engage well with the services they receive and so achieve better outcomes for them and their families.
- Development of self-care strategies to take away and apply at home or in work, thereby improving their own effectiveness as practitioners.

The Planning Group also proposed an independent evaluation to capture the learning from the conference and to assist CYPSC in providing further support to service providers and help identify the gaps and needs for services who are providing trauma informed care.

The Planning Group also outlined a four step model of Trauma Informed Care, moving through being trauma aware, trauma sensitive, trauma responsive and finally trauma informed care whereby the whole system is based on an understanding of trauma. The group hoped to raise awareness of these different stages and embed a trauma informed care in relevant services for children and families.

Figure 2 Trauma Informed Model of Care.



Source: Adapted by Antonia Quadara from (Mieseler and Myers, 2013)

Funding for the conference was obtained through donations from partner agencies in the Planning Group. An initial one day conference proposal was changed to two days to facilitate more speakers. The venue and logistics were decided on and it was agreed to hold the conference on 1st and 2nd May 2024 in the Bloomfield House Hotel, Mullingar, Co. Westmeath. This setting by a lake with peaceful surroundings was seen as being conducive to the theme of the conference and allowing time for self-care.

Once speakers were confirmed, they were invited to attend planning meetings with the Planning Group. As discussed later in the findings, these were seen as an instrumental part of bringing together the speakers, creating synergies for the conference and planning content that was not repetitive.

There was no fee charged for the conference and participants were invited to register through the Longford Westmeath CYPSC mailing list. It was decided to keep the event mainly as a regional event, rather than opening it up nationally. This also facilitated the creation of a sense of regional momentum and networking in this field.

3.3 Final Conference Programme

DAY ONE

Annette Maguire , Chairperson Longford Westmeath CYPSC – Opening Address

Dr Katriona O Sullivan – Lived Experience Keynote Speaker

Dr. Joanna Fortune – Understanding how past Trauma echoes in our present (What is Trauma and how does it affect us in our daily lives?)

Breakout Session to Wellness Zones – choice of three/ Movement Break which included:

1. Wellbeing activities with Barnardos National Wellbeing Project
2. Energy Resilience/ Self Care with the Mind Body School of Resilience
3. Information Village of Trauma Informed Care projects supported by LW CYPSC

Dr. Geraldine Maughan – Critical aspect of Professionals and clients navigating the areas of trauma, with specific focus on prevention of staff burnout, importance of professional self-care and how to best support individuals experiencing trauma.

Claire Kearney – Understanding the Intersection between Domestic Abuse, Trauma Symptoms and How Survivors Cope

Breakout Session (as above)

Siobhan Prendiville – The Therapeutic Powers of Play (Understanding Trauma and the Stress Response System, and the important role of play in broadening the “Window of Tolerance”, allowing for increased capacity for self-regulation and building of resilience.

Sinead Halligan - Wellbeing Group Activity to close

DAY TWO

Connected for Life (Deirdre Mc Laughlin & Marie Blayney) – Working with Parents in a more Trauma-Informed Way, including background to development of the Start from the Heart Parent Support Programme

Carol Duffy – The RRIGHT Play Therapy Techniques (Regulating, Relational, Integrating, Generate ,Healing and Therapeutic Play Therapy Techniques). Providing practitioners with an evidence-based play framework and improving practitioners understanding and ability to use/ increased use of the therapeutic powers of play in their practice.

Breakout Session

Dr Maria Lotty – The TARA (Trauma, Attachment and Resilience in Action) Project: Findings and Learnings. Integrating Trauma- Informed Practices in the front-line practice.

Local Lived Experience Video – feedback from local service users in the LW Area

Pat Divilly – Polyvagal Theory, Self-Care and mapping the Nervous System.

Colma Nic Lughagha, National CYPSC Co-ordinator – Closing Address

4. Pre-Conference Survey Results

The first data collection process for the evaluation involved the administration of a pre-conference survey to all prospective conference participants.

A total of 76 participants filled in the survey, representing roughly one third of the total participants who had originally registered for the conference. The purpose of the survey was to ascertain the type of work the participants were involved in, their prior knowledge of trauma informed care and the extent to which their organisation responded in a trauma informed way.

Questions 1 and 2 asked participants to choose from a drop-down menu of their sector and area of work of their organisation.

Figure 3 Sector of participants

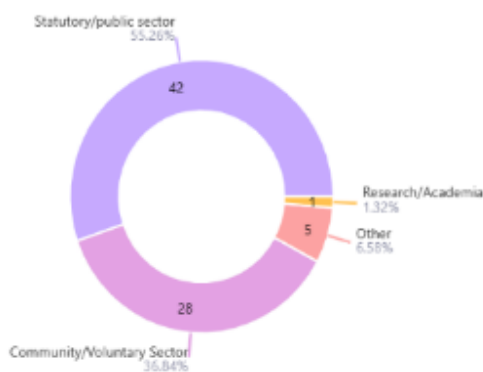
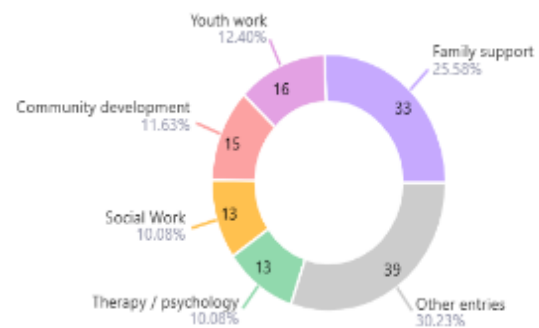
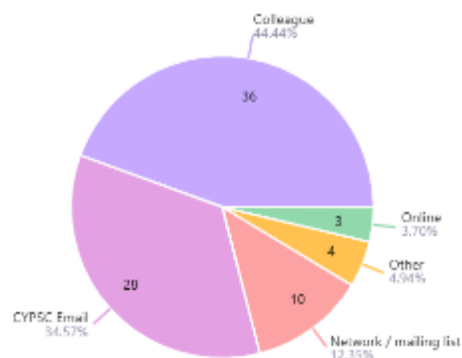


Figure 4 Focus of their organisation



Question 3 asked how participants heard about the conference, with a large number (44%) replying it was from a colleague.

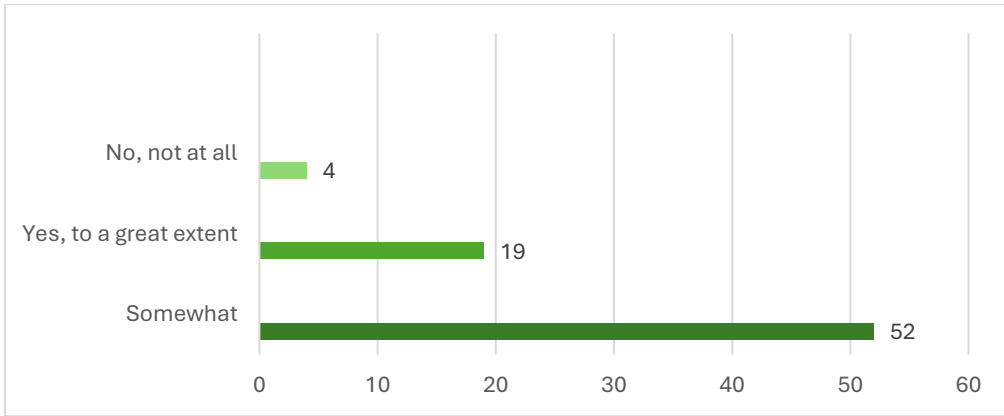
Figure 5 How participants heard about the conference



Question 4 asked whether participants had undertaken trauma informed care training before, with 52% (n=39) stating that they had and 48% (n=36) stating they had not.

Participants were then asked in **Question 5** whether they considered that their organisation was trauma aware, with the majority (n=52, 69%) responding 'somewhat'.

Figure 6 Do you consider your organisation to be trauma aware?



Question 6 expanded this theme to whether the respondents felt that their organisation responds in a trauma informed way, with a scale of stars from 1 to 5, The mean response was 3.25.

Figure 7 to what extent your organisation responds in a trauma informed way



Question 7 asked respondents how they would you rate their current knowledge of trauma informed practice, which provided a baseline for their level of understanding prior to the conference.

Figure 8 How you rate your current knowledge of trauma informed practice



The final question of this brief pre-conference survey asked respondents what they were looking forward to learning about most in this conference. As expected, the majority of respondents spoke about wishing to learn more about trauma informed care and its role in their work. Key themes that were mentioned here can be grouped under the following headings:

Figure 9 Key themes in what respondents looked forward to in the conference

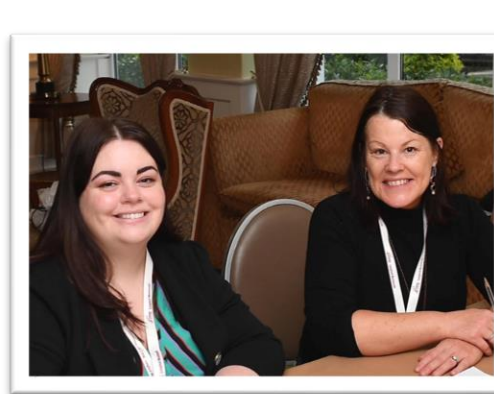


Some sample responses include:

'I am looking to develop and refresh my knowledge and use as an opportunity reflect on how the current programme I am working on, can be more trauma Informed'

'A little more knowledge about trauma and how best I can manage/support the children and parents I work with'

'The importance of organizations to be trauma informed and implementing this in their service'



5. Post-conference evaluation survey results

5.1 Overview

This section outlines the feedback obtained from participants through the post-conference survey. This survey was sent as an electronic link to participants a few days after the conference and was open for a period of two weeks. A total of 280 participants registered for the conference, however due to work commitments, a number of those registered split their ticket with two staff members attending under one registration. There were 280 participants in attendance on both days, however with some tickets split over the two days, an additional 33 staff members got to attend one day of the conference (a total attendance of 313 participants over the two days. A total of 107 participants completed the online post-conference survey, representing 34% of participants. This is a high response rate for such surveys.

5.2 Profile of respondents

The initial questions provided a profile of the respondents, including their sector of work and specific focus, as shown in the charts below. These yielded reasonably similar results to the pre-conference survey. As shown below, there was a balance between statutory and voluntary sector participants.

Figure 10 Sector participants work in

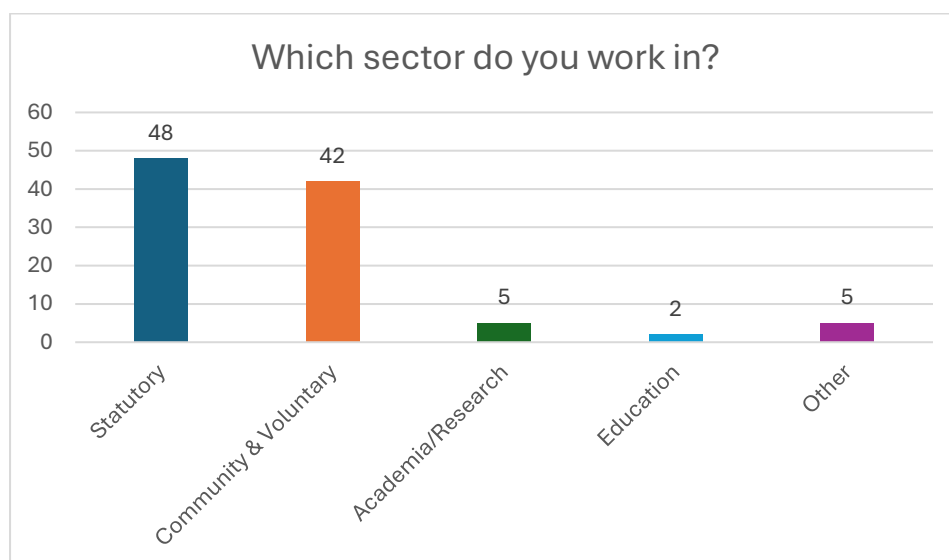
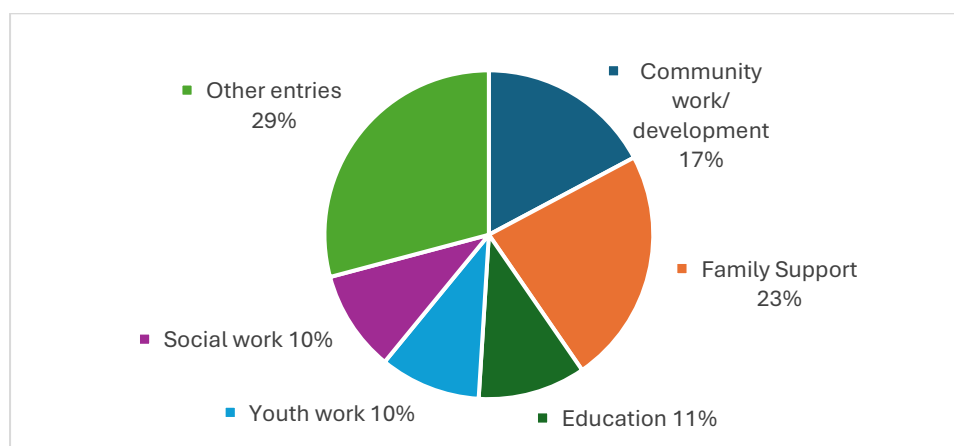


Figure 11 What best describes your area of work



Respondents were asked why they had attended the conference. 93 provided a response to the open-ended question, with some very detailed responses provided.

These responses were coded into overall categories in Excel and counted as follows:

Table 1 Reasons for attending conference

Theme	No. of responses
Support our work in trauma informed practice – many specific examples provided	38
Better understanding overall of trauma informed practice & care	17
How to recognise and understand impact of trauma	14
Shared learning of trauma informed practice and care and networking	14
Hear from particular experts/speakers	6
Part of my work or delivering/organising conference	6
Professional development and training	6
Self-care for professionals	3
Advocate for trauma informed health services	1

Additional themes included the need for personal reflection and self-care for staff, the importance of networking with colleagues and welcoming such an event in the Midlands. Some also stated that they had a personal as well as a professional interest in this field.

Some sample quotes from participants include:

‘Through my interagency work I have become more aware of the widespread impact of trauma in so many areas relating to the lives of children and young people and I wanted to hear the voice of those who are working to provide support in this area.’

‘The families and young people I work with have experienced huge trauma in their lives, so wanted to gain knowledge on how to recognise it, ways to help them live their life to the full despite this.’

‘Trauma informed practice is an integral part of our work with clients of mental health services, staff working in services and our wider work into general community. It is also an important consideration for all staff working within our service, in highlighting the need for self-care and trauma impacts on staff working in this area.’

‘I wanted to be more informed and educated on what exactly ‘trauma’ is and what it means for people. Obviously, people experience trauma or traumatic experiences at various stages in their lives and I wanted to know more about where best to signpost these people and what services are available to them.’

‘I am very passionate about using a trauma informed approach in my work and in my everyday life. I assume that everyone has experienced trauma as you cannot do any harm with this assumption. It is akin to wearing a safety belt on all journeys...just in case.’

5.3 Conference meeting expectations

The first general question was on whether the conference met their expectations, ranked from 1 to 5. This received a very high mean rating of 4.77, as shown below.

Figure 12 Rating of conference meeting expectations



The respondents were asked to provide an explanation as to why the conference did or did not meet their expectations. 92 people provided an explanation, which represents a very high level of engagement. The overwhelming majority offered very positive feedback on the conference, with a few minor suggestions. No-one provided an explanation for why it did not meet their expectations.

The main themes alluded to in the responses include:



1. **The high quality of speakers**, including their expertise, real-life experiences and engaging content. Many participants spoke about how much they learnt from the content of the speakers.

'All of the speakers addressed the issue of trauma, from the perspective of the child living in the traumatic situation, from the impact on the development of the child and also in relation to how the impacts can be recognised and addressed.'

'This conference was excellently organised, brilliant calibre of speakers, interesting topics, practical tips. It impacted me positively in both a personal and professional way. It was so engaging and interesting and very relevant. I was reminded of things i already knew and taught me new concepts. And it gave me some great self-care tips that I could take away.'

2. **The ways in which the speakers related with the participants** and brought their content alive. Several noted how well chosen many of the speakers were.

'Most speaker related so well to the crowd and there was a wide range of areas covered.'

3. **Networking opportunities**, particularly with people working at local level in Longford / Westmeath.

'I felt the day was very relaxing and therapeutic and was an opportunity to network with staff from other services outside the working environment.'

4. The Conference **went above and beyond what people expected**. This included providing real life experiences, resources and tools.

'The conference went over and above my expectations, I could not wait for day 2 it was so enjoyable and informative, the speakers were fantastic, and Grainne Reid is a legend.'

'The conference surpassed all expectations. The topics covered and the practical elements of the presentations were so beneficial. It wasn't a conference that just explained research and roles. It gave real life experiences and resources, tools and approaches to apply within our roles. AMAZING!!!'

'It exceeded my expectations in that it covered all aspects of TIC, particularly self-care for professionals and us as individuals as well as giving a clear understanding of how Trauma impacts service users that we work with. Speakers were excellent, broken up well with activities and exercises. The event was run extremely well.'

5. **A good mix of content was noted between speakers and wellbeing activities**, with several positive comments on the layout of the day.

Excellent mix of content, challenging, informative but also fun with a focus on wellbeing of all attendees.

It was very effective for networking and the layout of the conference was excellent. The speakers were excellent and were well placed throughout the day and the option of the breakthrough sessions worked well.

6. Some suggested **tweaks in terms of the timing and format of the day** including the length of presentations (mentioned by 5), the need for some Q&A sessions, coffee breaks and some practical workshop elements.

'I felt the speakers were quite long, if some of them had been a little shorter with more time to network. Another speaker like Katriona with a lived experience and ability to share how good practice impacted her life.'

'Would suggest a Q&A session at future events, or practical workshops to help attendee's implement trauma informed practices within their work.'

'Speakers were too long 45 minutes would be better. Found the two days long and had to keep sitting all of the time. I feel, too much was packed into the 2 days.'

7. The **content was relatable and relevant to people's work, with** examples given of how it could be put into practice.

'It met my expectations due to the amazing speakers who spoke at conference. It brought things back to the core of reminding how to engage & support individuals. We are in our work roles for a reason & it is important that when engaging with people both young & old to be conscious of how we do so.'

8. Several noted positively **the emphasis on staff wellbeing** and its importance in the context of this work. This included the movement breaks / wellbeing activities and the overall attention to wellbeing throughout the event.

'Staff were triggered at points and the continuous piece on self-care was managed very safely and that safety spread across the 2 days.'

'There was a great variety of speakers and lots of practical tips for managing staff wellbeing.'

'Two days in person meant that I had to switch off completely from other demands and take on board the learning. The focus on self-care was also hugely valuable in the way in acknowledged the work of those in attendance.'



9. Some noted **the overall atmosphere, venue and extra touches** such as food and goodie bags.

'The event also had a lovely atmosphere. The food and goodie bags were lovely too.'

'Excellent speakers form a broad range of backgrounds- information was easily applicable to all areas.'

'The atmosphere was warm and energising. Conference attendees were so well taken care of - lovely venue, food, welcome. The quality of the speakers was excellent.'

10. Some **specific suggestions were made in relation to content that** people might have liked to hear about

'As an employee in the statutory sector, I would have liked a little bit of focus on the challenge of meeting statutory responsibilities while also adopting a trauma informed approach.'

'It was very interesting, but it did not take in disabilities at all. I felt there should have been some area that focused on this, I think this was hugely missed'

'Because it was a general theme of trauma informed care, the information was a bit repetitive. I am trauma informed, so no new information or real solutions for working with trauma were offered.'

11. Participants spoke **about their varying degrees of prior understanding of Trauma Informed Care**, with some noting that even if they were well informed, they still benefited and learnt new things.

'The conference exceeded my expectations. It was so on point, up to date and progressive. Even though I would consider myself well versed in trauma informed practice, I learned something new from 90% of the speakers. The knowledge and atmosphere in the room was fantastic for the full duration of the conference.'

12. A few spoke about **the emotional impact of some of the topics** but felt that they were in a safe place.

‘Although some of the information stirred some feelings within me, I felt that I was in a very safe space and was comforted to know that there were counsellors on hand to speak to should I have needed their support.’

‘It was incredible, way above and beyond what I expected. The ‘love’ and the knowledge that we were very united was palpable in the room. I gained a new found confidence in my own expertise. Some days you just need to hear that you are appreciated, that you make a difference and that just holding that space is paramount.’

5.4 Rating of specific aspects of the conference

The participants were asked to rate the following elements on a scale of 1 to 5. The results overall were very high, ranging from an average of 4.35 (breakout/wellbeing sessions) to 4.86 (overall organisation). The responses are summarised in the charts below.

Figure 13 Rating of speakers & selection of topics

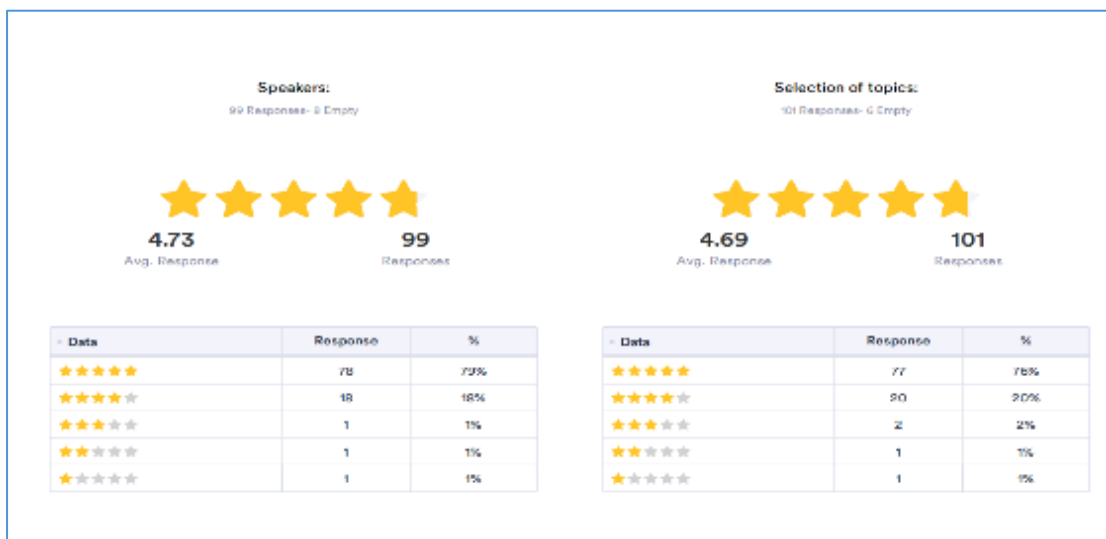


Figure 14 Rating of breakout/wellbeing & overall organisation

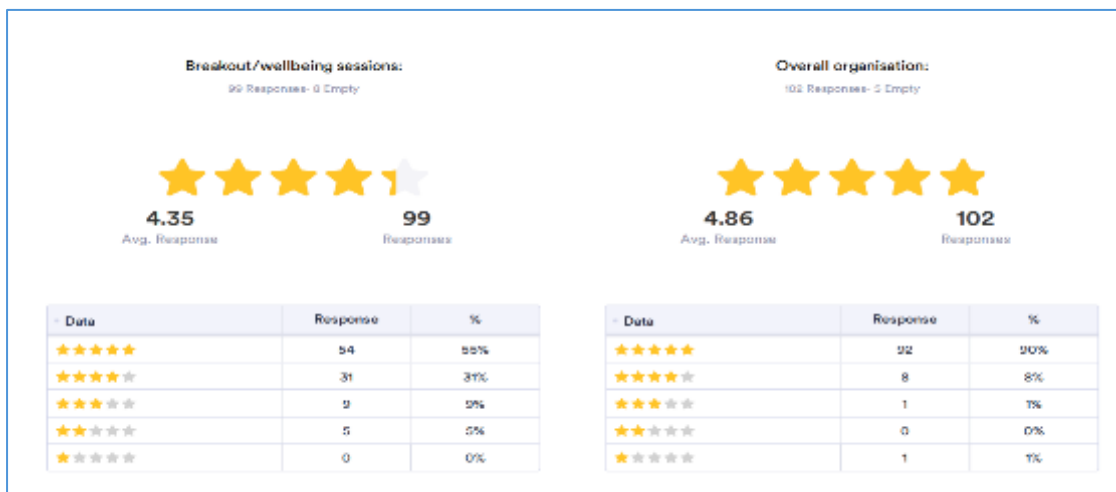
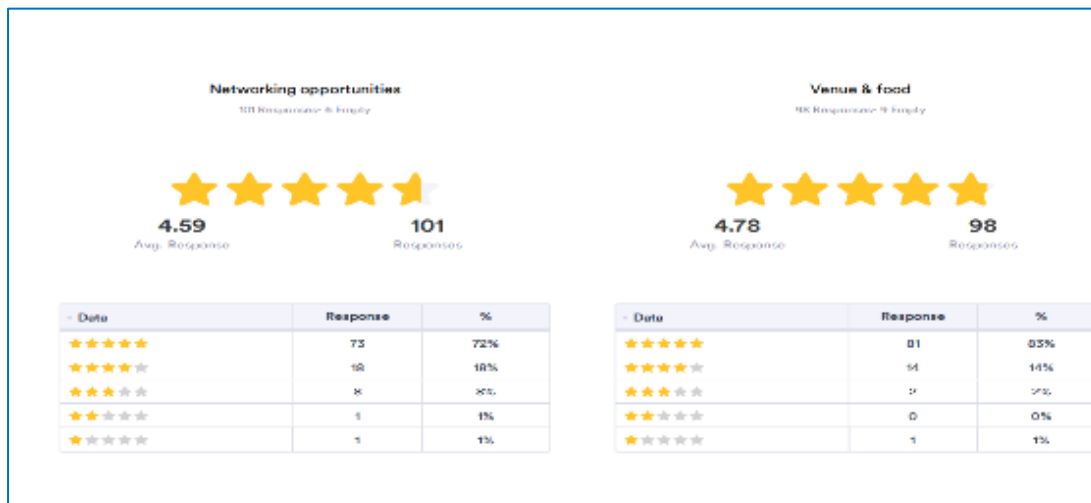


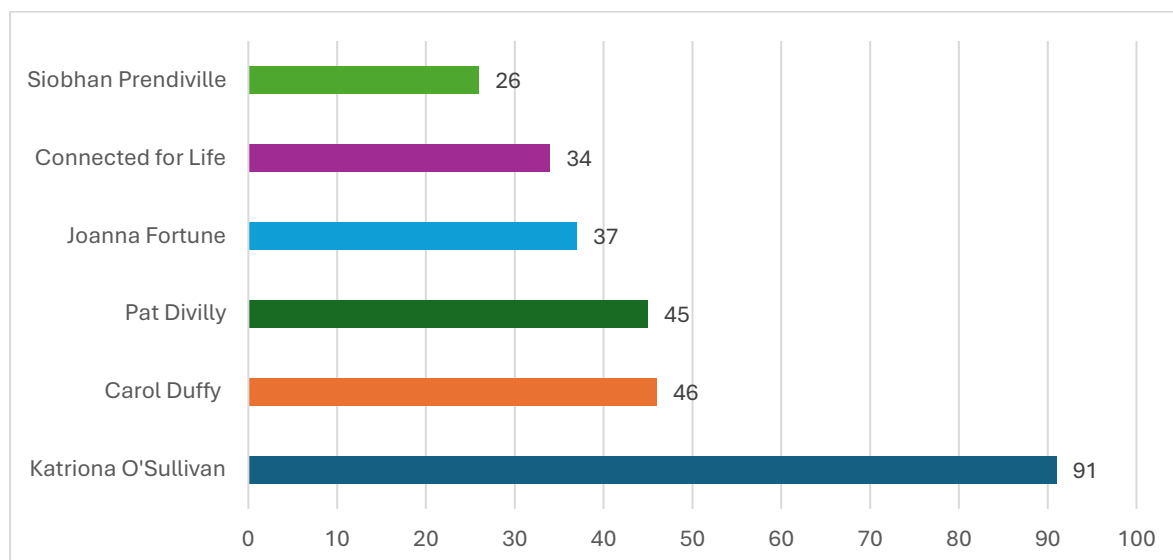
Figure 15 Rating of networking and venue & food



5.5 Reflections on Content

Participants were asked to choose three highlights from a list of speakers. A summary of their collated responses is provided in the chart below, with the six that received the highest number of responses.

Figure 16 Speakers you would like to hear more of



All speakers were listed in the highlights, with a variety of reasons given. The next question asked to provide the reasons for their choice, which are grouped into a set of themes below.

- The **rich personal experiences** provided by Katriona O’Sullivan were mentioned by several respondents (n=27). Some said she set the tone for the day, and many appreciated her telling it as it is and speaking from the heart.
- **Hearing the voices of people with lived experiences** in the videos (2 different videos)
- Learning from the **science behind trauma** and tips on regulation -e.g. Dr Joanna Fortune
- Learning about **the impact of play and play therapy** (e.g. Carol Duffy & Siobhan Prendiville). Respondents commented on the new appreciation this gave them for importance of play and how play can be the therapy.
- The **importance of self-care** provided by Dr Geraldine Maughan and Pat Divilly

- A curiosity and strong interest in the **Start from the Heart programme**, as presented by Deirdre Mc Loughlin/ Connecting for Life (and the accompanying video)
- The audience was **put at ease** by Pat Divilly, and it was a lovely end to the conference
- The **energy of some presenters** in how they engaged with the audience.

Some comments noted suggested improvements, including ensuring all speakers relate to the audience and not being too long

The video was powerful - a picture speaks 1000 words. These presentations were more relevant to me

Carol Duffy was amazing. I was glued to her, her energy and way of working was inspiring

Deirdre McLoughlin was very inspiring and the way she spoke about Start from the Heart. I also very much love this programme in terms of connecting Trauma and parenting.

The two presenters on Play Therapy were very different in approach but really made their points clear to the audience.

Joanna Fortune speaks fluently on her subject matter and demonstrates a depth in the grounding of her work in evidence.

Dr Geraldine Maughan focused on the need for those providing services and care to look after their own wellbeing; we encounter many workers providing services and support who suffer burnout as a result of not recognising or looking after their need, while looking after others.

Start from the Heart encompasses so much that is good and makes sense in supporting parents that have experienced trauma.

Connected for Life, I really enjoyed the video they presented of people that had used the service and what they learned about trauma

Siobhán Prendiville: a really engaging presentation style and the content has new light bulb moments for me. Words are not enough. It is not about using play to get children to talk - it is the play that is the therapy. Play can change our neurobiology. The key is sensory input.

I picked Dr. Maria Lotty as her research is attempting to support people working in very tough frontline work and change a system for the better and I was glad to see that.

Pat Divilly was excellent on the grounds of telling yourself the story...it rang true on so many levels and so useful for various reasons.

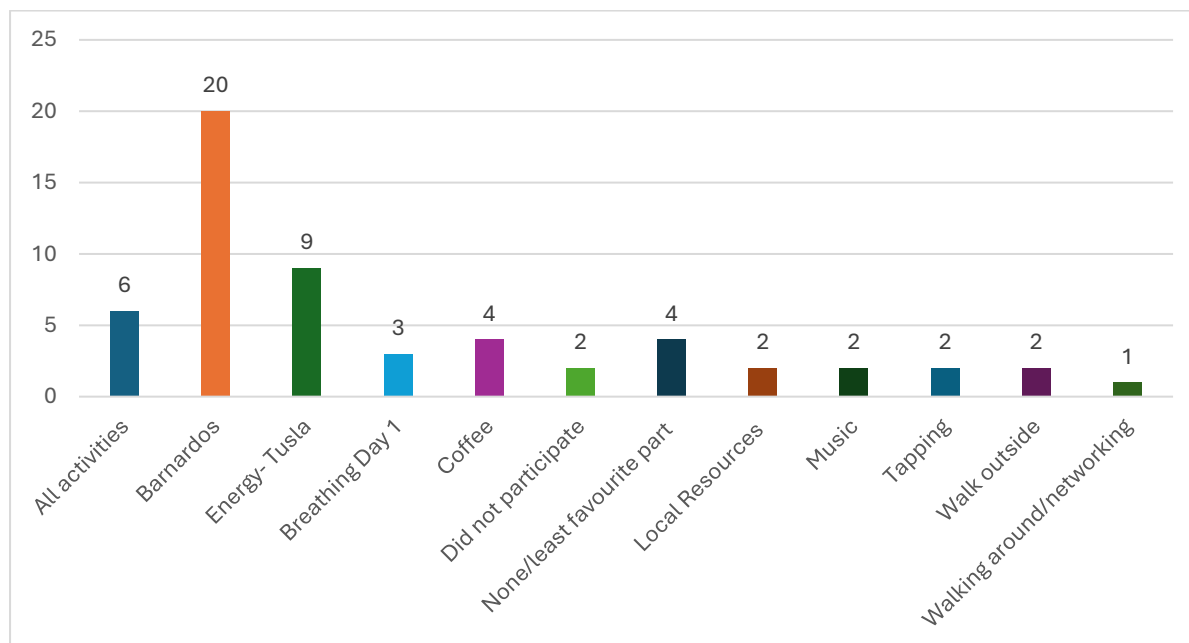
Dr Katriona blew me away she was so inspiring, she spoke of her trauma, situations that we see daily she made me reflect on this as a professional she showed the importance of how one person can make a difference even when we don't realise it.



Wellbeing activities

75 respondents (out of 107) replied to the question of which wellbeing activities they enjoyed the most, possibly suggesting that the remaining respondents may not have engaged much with the wellbeing sessions. Some of the responses were not applicable or referred to speakers rather than wellbeing sessions. The valid responses were then grouped and counted as follows:

Figure 17 Which wellbeing activities did you enjoy the most



Some responded that they did not participate in any of the formal wellbeing sessions, but enjoyed coffee, networking or walking outside. A small minority of responses found that this part was their least favourite part of the conference and would have preferred more time to network.

Some sample quotes, representing what people did (or did not) enjoy about the wellbeing sessions are provided below.

'Didn't attend any - ended up networking with people instead and a little work thrown in too during the breaks - hard to leave the office completely'

'Percussion session went back second time, loved the co-operation between the group of almost strangers'

'I only participated in one of the wellbeing sessions - the Energise/lymphatic system one which I really enjoyed & found v useful'

'I found that I missed these as I went to look for coffee - I did enjoy the Barnardos session and chatting with people outside'

'Workshop on Energy - very practical and where as previously I was sceptical about the benefits of such a workshop , I have put the brief learnings into action in my own life'

The meditation at the end of the first day was my personal favourite, I like meditation and I felt that the facilitator really connected with the audience during the session'

'I also enjoyed the tapping we did and the lymphatic drainage during one of the wellbeing sessions'

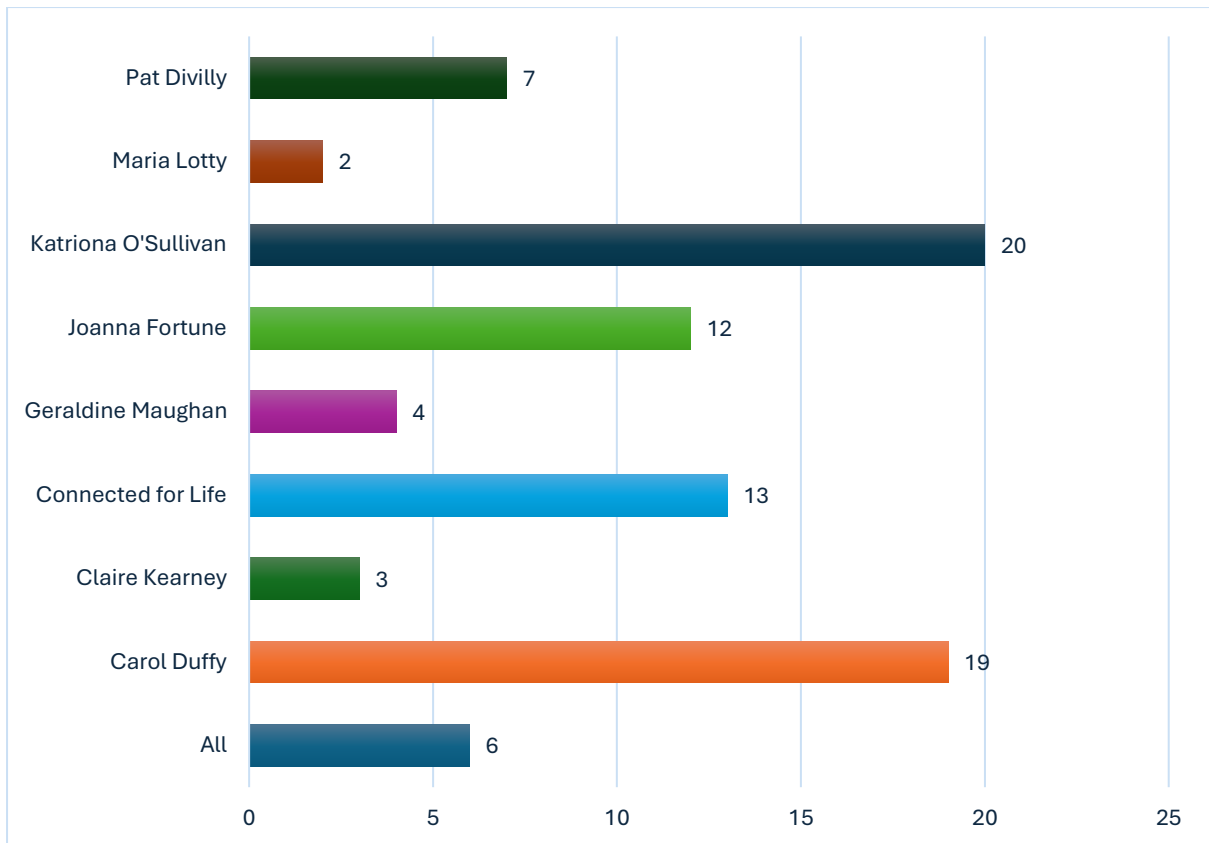


5.6 Further exploration of Trauma Informed Care

The next set of questions asked to what extent participants would like to engage in further exploration of Trauma Informed Care in the future. This was to help the Planning Committee assess which topics were of most interest, where they would like more in-depth knowledge and how they could plan for further workshops, interagency networking and embedding Trauma Informed Care in practice.

Respondents were asked which speakers they would like to hear more of. A summary of the responses (with 2 or more) is provided below. This was not necessarily a reflection on whether they enjoyed the particular presentations, but also where they would like to explore a topic in more depth. This was evidenced in the comments.

Figure 18 Speakers you would like to hear more of



Some respondents also replied about other topics they would like to hear more about. These included:

- **Play and play therapy** (n=7). The role of play was also referred to in responses in relation to specific speakers with expertise in this area
- Using **play in adult services**, particularly in mental health (n=3)
- Support for **children in international protection**
- Domestic violence and how to safety plan
- **Professional development**
- **Safetalk Ireland**
- **Self-development**
- Practical tips for **incorporating trauma informed care into our everyday work**
- **Parenting supports** around trauma
- **Q&A with speakers**
- **More speakers with lived experiences**



Some made references to speakers delivering workshops or training on specific topics, such as:

‘Would also like to explore possibilities of using play for adults - Carol/ Siobhan

‘I would love Katriona to give another workshop on trauma informed care’

‘I would like to look more at supporting parents (Dr Joanna Fortune) and explore further how to bring more play into our work with young people, and families (Siobhan and Carol), also very interested in further work with Pat Divilly and to enhance my professional and personal development and self-care techniques.’

Some further suggestions included:

‘Communicating with carers the importance of relationships for children and not just therapy.’

‘Self-development in our practice having our supervision look at trauma and the second hand trauma we deal with daily.’

‘Language we use in practice that can add to trauma.’

‘Trauma informed rooms that help regulate families coming into us.’

The next question asked, ‘can you name one thing you’d like to put into practice as a result of attending this conference?’. A large number of respondents answered this open question (n=92). The responses were coded and categorised into some broader headings, with play and the role of play therapy (n=18) and self-care (n=18) being the two most common themes.

The suggestions that appeared in two or more responses are summarised in the table below.

Table 2 Themes of what respondents would like to put into practice following the conference

Suggestion	No.	Suggestion	No.
Play & play therapy	18	Awareness of domestic violence	3
Self-care	18	Be authentic and human	3
Work is trauma informed	9	Staff wellbeing	3
Mindfulness & Breathwork	4	Build connections / relationships	2
Cognisant that anyone may have trauma	4	Persevere with supporting child	2
Understanding how trauma affects people	4	Recognise of impact of poverty on trauma	2
Upskill the workforce in TIC	4	‘Window of tolerance’	2



Other suggestions that were made (in one response each) include:

Figure 19 Further suggestions to put into practice following the conference

✓ Access to resources	✓ Look at the whole child
✓ Advocate for children to access same privileges	✓ More positive outcome
✓ Ask staff what their training needs are	✓ Personal development - Geraldine Maughan
✓ Don't judge	✓ Play for adults
✓ Chance to make a difference in a child's life	✓ Practice skills from Joanna Fortune
✓ Collaborative approach to TIC	✓ Praise colleagues
✓ Connected for Life Programme	✓ Prioritise feelings of safety
✓ Co-production opportunities for trauma informed practice for clients and staff	✓ Recognise importance of tea and chat
✓ Drains and fountains	✓ Self-regulation and knowing own triggers
✓ Explore Iheart Initiative in Midlands	✓ Use of props/gadgets
✓ Feel emotions in your body	✓ Vagus nerve stimulation techniques
✓ Fun in the workspace	✓ View the whole person
✓ Go at a person's own pace	✓ Young people's hoods and caps (body language) come off when comfortable
✓ Heart first approach	
✓ Listen	

The theme of **play** was mentioned in many suggestions, both in a general way and also as a therapeutic tool, its role with adults and incorporating overall playfulness and fun into the work.

'More space to play for adults. I enjoyed the play therapy speakers as they reminded us of the importance of playing to help deal with stress/trauma. I would like to incorporate this more into the work I do with women, giving them a space to not only get support but also have some down time if they need.'

'The message about play therapy was so inspiring and strong I'm considering doing my masters in child and adolescent psychotherapy.'

A number of responses emphasised the role that one person can play in a child or young person's life and the importance of not giving up on them.

'The importance of remembering that each encounter with a child is a chance to make a difference.'

Having an understanding of **how trauma affects a person**, whether an adult, young person or a child featured in several suggestions, including the need to have an empathetic response.

'To always be conscious of what people may have, or are living with, to be gentle and kind as you do not know what sufferings comes with each new acquaintance.'

'More play, more understanding of how to support people with Trauma. A better understanding of how Trauma can affect young people and adults and the intergenerational links.'

Self-care was mentioned specifically by 18 respondents, with others also focusing on specific self-care techniques, including breathing, mindfulness, movement etc.

‘Self-care and doing this as a necessity and not luxury! We are potentially doing service users harm or disservice by not doing so.’

‘Taking time for self-care not only for myself but my team. Taking time from our schedules to promote self-care and practice as a group. Looking at ways to support self-care within the organisation with CPD/ team building etc.’

‘Knowing my triggers and when I am feeling overwhelmed (how I’m feeling it in my body). and also, to be kind to myself. I think sometimes we think we are the only ones to experiences trauma and it can feel lonely, so I really enjoyed how open and vulnerable everyone was at the conference. It felt very connected.’

Being **human, connections, relationships** and fostering these was another common theme.

‘I think relationships was a word that jumped out at me and in my professional capacity I will be working extra hard to mind the relationships I have built and make really good connections with others going forward.’

‘Being human with everyone & being present instead of simply trying to solve.’

A few spoke about the need to feel the emotion and focus on one’s body.

‘Pat Divilly - get out of your head and feel the emotion in your body. Ask yourself what you feel and what you need in that moment. I have tried it already and it works. Powerful.’



A range of suggestions were made in relation to how the work and the workplace/ organisation can be more trauma informed.

‘To become more trauma informed will in itself improve the responses. Trauma informed practice would allow recognising when young people were functioning outside their ‘window of tolerance’ and maybe provide the JLO with skills to help regulate the young person.’

Respondents were then asked for their suggestions on what they would like to see for interagency networking in trauma informed care. This was an open-ended question, and the responses were grouped under headings, summarised in the table below.

Table 3 Suggestions for interagency networking in trauma informed care

Suggestion	No.
Do it again / more of same	4
Workshops / seminars	4
Focused workshops with individual speakers	2
More opportunities for networking	2
Set up community of practice model	2
TIC network for sharing and training	2
Annual networking	1
Bereavement support organisations	1
Conference on how to make whole county trauma informed	1
Have speaker at JLO Conference	1
How to apply it in home visit, assessments etc.	1
How to incorporate TIC into practice	1
Induction for employees like manual handling	1
Make available to teachers	1
More on historical sexual abuse impact on adults	1
More personal stories and practical	1
Psychologically Informed Environments (PIE) experts	1
Do something similar on smaller scale	1
Social workers should have trauma informed attitude	1
Training with mixed groups (Gardai, HSE etc)	1
Integrate it into our work and have collective understanding	1
Expand understanding of poverty as source of trauma	1
CPD on Trauma Informed Care	1
Ensure workers are supported	1
Implement Start from Heart programme in area of deprivation	1



5.7 Further suggestions

The 2nd last question asked respondents ‘after attending this conference, do you have any recommendations for policy/practice?’ A total of 42 recommendations were made here, which are summarised as follows:

Table 4 Further suggestions for policy/practice

Suggestion	No
Access to play therapy	3
Need for counselling & psychotherapy services	3
Audit/develop policies, procedures, buildings of all services/orgs through trauma informed lens	2
Cannot cap no of sessions required - longer term funding required	2
Mandatory training and CPD in TIC for all staff working with children	2
More conversations on trauma	2
Organisational buy in & national trauma informed framework	2
Self-care	2
Supervision for staff & support them in their practice	2
Take action collectively and bring in other statutory organisations (e.g. Gardai & criminal justice system)	2
Trauma informed policy in the workplace for employees & service users	2
Apply practices on the ground	1
Awareness of trauma & early intervention	1
Be open to multi-agency approaches	1
Develop short video clips that reinforce the message	1
Foster carers could benefit from this	1
Front line workers and these professionals should connect	1
Hear lived experience of working with services	1
Highlight importance of play and play therapy supports	1
Inclusion of people with disabilities who have suffered trauma	1
More funding available to services	1
More psychotherapists working with Tusla	1
Incorporate play and self-care at college level	1
Policy makers should attend events like this	1
Policy makers should consider how to integrate TIC practice from the ground up	1
Remember the person when managing systems	1
Research from UCC to inform social work/care	1
Rooms that help regulate people	1
Space for professional development & supports	1
Training budget for personal development training	1
Training for managers & policy makers	1

The final question asked respondents for their suggestions for improvement of the conference. Most of the responses indicated that they were very satisfied overall, with a few small suggestions for improvement. These were grouped into the following themes.

- Coffee at 11 am would have been welcome (n=5)
- Some presentations were too long, and it was hard to focus (n=4)
- Pack less speakers into the day, which was very long (n=4)
- More breaks and movement breaks (n=3)

- Wellness breaks were good, but there could also have been space for just coffee and networking (n=3)
- Ensure everyone sticks to the time allocated to them (n=3)
- Start time was too early, especially for people travelling (n=2)
- Arrange break out rooms by area of work/background to facilitate networking (n=2)
- Break out rooms for smaller discussions (n=2)
- Reduce overlap of some speakers (e.g. 2 on play therapy) (n=2)
- Some material was too dry with too many heavy slides (n=2)
- Q&A session with speakers (n=2)
- Policy makers should attend (n=2)
- Conference room was too big, and it was very busy (n=1)
- Have regular conferences like this every 2-3 years (n=1)
- Online streaming for those who could not attend (n=1)
- Incorporate role of creative and art therapies (n=1)



6. Further Feedback from Speakers' Survey and Testimonials

6.1 Overview

Further feedback on the conference was obtained from testimonials from participants and speakers on both days. These were recorded in Voice Notes and later transcribed. The evaluator and Conference Planning Committee members recorded these. Participants were asked about what they enjoyed so far and any suggestions. Informal discussions with participants were also held and observations were made during the two days. A video was also made of the day, where a number of participants, including speakers and members of the organising committee provided further reactions. The link to the video can be found at:

<https://youtu.be/-zY3Cl4sFrc>

The feedback that participants gave through these means resonated strongly with the findings of the survey feedback, with some more context and nuance provided.

Some of the key themes from this further feedback, which is additional to the overall survey data are outlined below.

6.2 Feedback from speakers on process of conference planning

A short survey was distributed to the speakers to obtain their feedback on participating in the conference and the process of being involved in conference planning meetings. Responses were received from just four participants. They provided similar high scores on areas such as:

Usefulness of pre-conference meetings: Average score of 4 (on a scale of 1-5, with 5= very useful)

They were also asked to rate their agreement with statements such as

- *I felt my contribution was an integral part of the conference (50% agreed and 50% agreed strongly)*
- *I felt there was a high level of engagement between the speakers (25% agreed and 75% agreed strongly)*
- *The conference achieved its aim of starting a process of interagency trauma informed care in the region (50% agreed, 50% agreed strongly)*
- *The expectations for the conference and my role were clearly communicated with me (25% somewhat agree, 75% strongly agree)*

Their qualitative feedback was very positive overall, reiterating many similar points. In relation to the planning meetings specifically that the presenters engaged in prior to the conference, most people found these very useful and suggested that it built a rapport that lasted throughout the conference. It also allowed them to tailor their content to fit in with other presentations. Not all were able to attend the planning meetings and one person suggested they did not know the dates sufficiently long in advance.

'I think the planning meetings helped me to feel connected to the other presenters and the organisers, particularly Grainne. I think this felt sense of connection transferred over into the conference days themselves and supported cohesion and an overall positive atmosphere.'

'The planning meetings enabled me to get a clearer sense of what the other presenters were going to be exploring so this helped me to tailor my presentation accordingly.'

'By knowing more about the focus of other presenters I was able to ensure I took a fresh angle or brought a new perspective to similar content.'

They were also asked about how they found the process of this conference, which involved a higher level of engagement in the lead up to it. This was perceived generally positively. One speaker summarised it as:

'I thought this was a very fresh approach, it worked really well, and I believe it strengthened a sense of team and active participation. I felt I wasn't just turning up to present but was invested in other speakers and the whole event going well.'

Another commented how they had been thrown by this approach initially, but then concluded *that it has been the most worthwhile element of the conference and the planning and care showed and paid off in abundance. I think all conferences should run this way.*



7. Focus Group Findings with LW CYPSC Trauma Informed Care Planning Group



7.1 Overview

The purpose of this evaluation is not solely to evaluate the conference itself, but also to explore the extent to which it was instrumental in commencing a process of embedding a model of Trauma Informed Care in the Longford/Westmeath region.

It was therefore agreed with the Planning Group to hold a focus group with them after the conference to reflect on the conference and taking the next steps in this process. This was held 3 weeks after the conference, allowing time for reflection and a presentation of the survey results.

A total of 10 participants attended the focus group of the Planning Group. Representatives from different sectors attended including:

Tusla (LW CYPSC Coordinator, Social Work and PPFS sectors); Barnardos; Foroige; the HSE (Connecting for Life and CAMHS department); Healthy Ireland Coordinators; Longford and Westmeath County Councils; and the Family Resource Centres.

7.2 Summary of reactions to the conference and feedback on it

As an introduction, they were asked to summarise how they felt about the conference. The words they used are outlined below:

Figure 20 One word summary from Conference Planning Group



A presentation was made on a summary of the conference feedback evaluation and participants were asked for their initial feedback.

- Overall, they were **not surprised by the findings**, and these mirrored the feedback provided orally by participants.
- **Wellness breaks** – there may have been some misunderstanding on their purpose. The emphasis on self-care was possibly new to some and it was important to recognise that there was no obligation to take part in them.
- There was a definite **sense of new connections being forged** and people now seem ready and hungry to set up a Community of Practice in Trauma Informed Care
- They agreed that **they achieved what they set out to do**, but now need to incorporate feedback and build a Community of Practice.

In relation to the content of the conference, the Planning Group were asked to reflect on what they had heard and discuss what they may have done differently. Some key observations included:

- The first keynote **speaker with a personal story** started the conference on a high, with some reflecting that it set the tone, but also set the bar very high. It also shows the extent to which people respond to lived experiences as part of one's story.
- The first speaker also gave people the **opportunity to reflect on children we work with** and how some of these children could be like the speaker and we have an opportunity to make a difference. It also made us think about privilege and what we do with it.
- Whilst some noted slight duplication in terms of content in the conference, the group felt that most of the **content was delivered from a different angle** and was not repetitive.

7.3 Reflections on the process of planning the conference

The group explained that the process had involved a bottom up approach, which started looking at what was happening on the ground in relation to the need for a collective approach to Trauma Informed Care in the work they did. Many professionals encountered trauma in various forms in their work with children and families and a process had begun in the Midlands to find ways to help services to be more trauma informed in the ways they responded.

They noted that what made the process unique was also that it did not start with funding, but rather as a slower process (without funding) and time to reflect. This built on work that was initially organised by the Midlands ACES HUB (led out by the 8 FRC's across the four counties of Longford, Westmeath, Laois and Offaly). A series of events and training on trauma and being trauma informed were organised during a four year period.

For this conference, **a planning process of two years** was put in place, with a proposal then developed in September 2023, which outlined the process of moving to trauma informed care and how the conference would address this. The potential funding required was estimated and donations were sought from CYPSC partner organisations represented in the Planning Group. As a result of this, donations of between €2,000 - €16,000 were provided by five local partner organisations alongside national funding from the Department of Children, Equality, Disability, Integration and Youth .

The Planning Group met as often as required during the two year planning period and put very careful thought into planning the speakers. Whilst they initially considered international speakers, they then decided to focus on expertise from within Ireland. Each speaker had already been heard by at least one member of the Planning Group. They were chosen not just for their subject matter expertise, but also for their ability to engage with their audience. The planning of a one day conference then moved to two days in order to be able to facilitate all the suggested speakers.

During this time, the Planning Group also **consulted with families and young people** in the area and heard about their experiences of trauma and trauma informed service delivery. Some of these were included in a video on local lived experiences.

The group acknowledged that as well as a positive group dynamic, there were also **clear leaders who emerged**, particularly the CYPSC Co-ordinator and a FRC Manager. A support role was provided towards the end of the process but would have been useful to have from the outset.

In the more immediate run up to the conference, **planning meetings were organised with the conference speakers** to discuss the content and how they would interact with each other. These meetings were seen as very engaging and the content came more alive during them, with speakers feeding off each other.

7.4 Implementing an interagency approach to Trauma Informed Care in Longford

During the focus group, participants were given a group work exercise on implementing an interagency approach to TIC and the next steps required to make it happen. There was an agreement that the Conference was a very important further step in making this happen. Some key points that emerged in relation to the next steps required included:

Establish a Community of Practice on TIC in Longford/Westmeath.

Some suggestions were provided on what this could look like in practice, including the organisation of networking events to discuss relevant topics. These could be co-ordinated by the Planning Group and invitees would include those who signed up as part of the mailing list following the conference. An extension could be made to others who were not at the conference. It would also be useful to increase visibility of who was represented at the conference, as some evaluation feedback suggested that there was no representation from particular groups such as schools, Home School Community Liaison officers etc., which was not the case.

Other suggestions included:

- Develop **guidance sheets for projects on shared learning** – with tips on trauma informed care

- Hold **some shorter training sessions**, especially for staff who could not dedicate a full day to TIC training. These could be 2 hour sessions delivered by members of the Planning Group, with materials developed in advance.
- **Undertake trauma audits** as suggested by conference participants – including undertaking audits of buildings where services are located.
- Implement some of the **suggestions around play and incorporating play** into more services (not just play therapy)
- Training and emphasis on **self-care and understanding and recognising triggers**
- **Support schools** to build on their understanding of trauma and how it affects children’s learning
- Establish a **core mailing list**, with CYPSC members and **other relevant services**
- **Add the logos of all organisations involved** to increase visibility
- Bring **TIC back to the parents and young people**. It would be useful also for parents to understand how their behaviour affects children.
- Organise **podcasts and lunchtime talks** on topics of interest
- Buy in from **partner funding agencies** and explore further funding opportunities
- Build **TIC into strategies and plans** within services and interagency work
- Ask professionals to be **TIC champions**
- Strengthen **professional practice and increase service users’ awareness** through knowledge
- **Communicate through dedicated spaces** e.g. websites, webinars, podcasts etc.
- **Mandate TIC training** for certain roles as part of staff induction

It was agreed by the group that the implementation of a **Community of Practice** building on the conference sits well within the CYPSC interagency model. It was always envisaged that the conference would not be the sole event and would be a catalyst for further workshops/training/networking following on from it.

The group acknowledged that a considerable amount of work went into planning the conference and it had built great momentum. They hoped to organise a follow-on workshop /webinar in October 2024 and a further event in Spring 2025.



8. Conclusions and Recommendations

8.1 Conclusions

The Longford Westmeath CYPSC Trauma Informed Care Conference was a very successful event, drawing in a wide range of individuals from services and agencies across the Midlands, in particular from the Longford and Westmeath area, (with participating organisations including Tusla, HSE, Local Authorities, An Garda Síochana, Probation Services, Family Resource Centres, Domestic Violence Services, County Childcare Committees, Youth Work Services such as Foroige and Youth Work Ireland, Barnardos, Local Development Companies, Education and Training Boards, schools as well as additional Child and Family community and voluntary services in attendance from across the region, with a small number of colleagues from across the country in attendance also. It was not an isolated event occurring in a vacuum, but rather was the result of several years of work in building up awareness of the importance of trauma informed practice in services working with vulnerable children and their families. It was very clear from discussions with the Planning Group that it was also not the end of the journey either and was an important milestone in further embedding and growing this work and building towards a more established community of practice.

A number of key questions were posed at the outset of this evaluation in relation to what the conference itself achieved, the model or process involved and the impact in relation to embedding Trauma Informed Care in practice. A summary of some of the key findings are provided below.

Did participants increase their understandings of Trauma Informed Care as a result of participating in the TIC TAC conference?

As evidenced from the survey data and various testimonials, it was very clear **that conference participants greatly increased their understanding of Trauma Informed Care as a direct result of attending the conference**. The material was quite new for some, with 48% of participants who completed the pre-conference survey responding that they had not undertaken trauma informed care training previously. For those who were already quite familiar with the subject matter, many responded that they still learnt something new, and the material was presented in an engaging way. There was a very high level of satisfaction with the content and delivery of the conference overall and participants appreciated the emphasis on other factors such as self-care, being aware of one's own triggers and adopting a more holistic and human approach to the work.

How was the emphasis on self-care for service providers achieved?

The emphasis on self-care may have been a little surprising for some, who are accustomed to gaining knowledge to apply in the workplace, with little room for self-reflection and caring for the carer. The conference **achieved a careful balance between focusing on the needs of children and families people work with and linking this to people working in services and the impact this work can have on them**. There was also a subtle acknowledgement throughout the conference that everyone including professionals working in this field may carry their own trauma and certain situations may be triggering. Time was taken during the two days for people to engage in breakout wellbeing sessions, take a walk outside and whole group exercises on breath regulation etc. Most people reacted very positively to this, whilst also acknowledging that some more down time for networking may also have been welcome.

The conference established that **putting an emphasis on self-care should be encouraged within organisations and there is a need not just for individuals but also for organisations to be trauma**

aware. The model of moving from being trauma aware, sensitive, responsive and then providing trauma informed care (Mieseler and Myers, 2013) is also an important one for organisations. This starts with organisations being aware of trauma and training and raising awareness amongst all staff. Part of this process involves **being aware of one's own traumas or triggers and having tools to help one regulate and practise self-care.** Many participants spoke both formally and informally during the conference about the importance of this and for many this was a light bulb moment, where they made the connections between what they heard, practised during the conference and linked to their own working or personal lives. The short reflections provided by the CYPSC Co-ordinator after each speaker also helped to cement this emphasis and help people to see these linkages.

How could we describe the process that was used in organising the conference and post-conference follow up?

There are 27 CYPSCs in Ireland, with some covering more than one county (e.g. Longford/Westmeath). They play an important role in co-ordinating services to achieve better outcomes for children and young people. Research has shown the importance of services working with vulnerable children and families being trauma aware and the potential positive impact of providing trauma informed care in different settings (Bartlett *et al.*, 2018; Lotty, Bantry-White and Dunn-Galvin, 2024). Many CYPSC have undertaken initiatives in this field and are **leading interagency approaches in helping services to become more trauma aware.** The Conference held in Longford/Westmeath was a significant event, with large numbers attending and a very high calibre of speakers. There could be interest from other CYPSC or interagency structures in other areas in running something similar.

It became evident from the first meeting with the Conference Planning Group that the model being followed **differed to a standard conference planning process.** Whilst the conference was the major event, it was clear that it was part of a bigger process of moving more towards a Trauma Informed model of care in the area. Some aspects that made this model unique included:

- **Expert speakers chosen from Ireland not** only on the basis of their significant subject-matter expertise, but also because of their ability to engage the audience and tell a story that people could relate to
- **Involvement of the speakers in the planning of the conference,** leading to better co-ordination of the content and timing of various presentations
- **Emphasis on self-care** throughout the two days
- **Conference planning was a thorough and thoughtful process,** that was not led by funding. Funding came later after a clear model had emerged. Although the conference was not funding led, the Planning Committee highlighted the importance of continued funding to assure the embedment of the Trauma Informed Model of Care in Longford and Westmeath.
- Following on from this, as CYPSC have led out on this initiative, and are very modestly funded, it is crucial that **ongoing funding is available to the CYPSC to continue this vital work** in a timely manner.
- The first speaker and some of the others **told a personal story** and this helped people to relate to their situation and apply it to their work.
- Whilst all speakers were delivered in the main conference room (and not in breakout workshops as may happen in other conferences) – **participants were also encouraged to engage in various activities** such as playfulness (e.g. rain making), talking to person beside them and various breathing/meditation exercises. This engagement was successfully achieved despite the large numbers present, and the positive and playfulness in the room was extremely evident

- **The conference was free for participants**, with some funding raised on the day through a raffle with locally donated prizes. The Planning Group had discussed this and felt that charging a fee would have been a barrier for some participants.
- **The MC for the two days was the CYPSC Co-ordinator**, who was well known to most participants, and she provided very thoughtful reflection after each presentation and tied the various aspects together, providing a running thread throughout the two days.
- It was clear that the **conference was part of an ongoing journey** and there appeared to be an appetite to further explore and engage on the topics.

To what extent were the objectives of the conference achieved (as set out by the Planning Group in its proposal document)?

As shown throughout this evaluation, the objectives of the conference were achieved to a very significant extent. This included **an increased awareness of the impact of trauma and trauma history on both service users and service providers**, as discussed above. It was clear also that participants understood better the role of a trauma informed environment and how it helps service users to engage more effectively, thus increasing the likelihood of better outcomes for vulnerable children and families. Conference participants showed a hunger to learn more, implement what they learnt and make changes in their practice.

Some also spoke about the need for **decision makers within their organisations to be more trauma aware and to take a whole organisation approach**. The constraints of funding and outcomes driven frameworks were perceived as barriers in some cases.

It was also noted that certain sectors who engage with children and families were not well represented in the conference, and it would be useful to try to carry out more outreach with them. Services named in the feedback as being less represented included schools, Gardai, Public Health Nurses etc. These were all represented in the attendance at the conference, however on reflection by the planning committee, the wide range of services in attendance could have been made more visible to the participants.

The Conference also brought together many **different statutory and community and voluntary sector agencies and facilitated enhanced networking**. There were stands available on local services and participants really appreciated the lived experience video with local voices.

What are the next steps that should be taken to further embed Trauma Informed Care in services for children and families in Longford / Westmeath?

As stated above, there was a clear recognition that the Conference was an important step in this journey and a process of further deepening the learning, opening it up to different groups and putting into practice what was learnt has already begun. The focus group with the planning group made a series of recommendations for the next steps and these are further elaborated in the next section on Recommendations.

8.2 Recommendations

Overall, the conference was very successful, achieved its stated objectives and was a very important milestone in embedding trauma informed care in Longford and Westmeath. The atmosphere on the two days was very positive, with a clear collective willingness to further embed the learning.

The recommendations can be divided into two sections. The first outlines some minor recommendations for potential future conference planning, based on the feedback and observations.

The second set looks at recommendations for taking this work further and how to grow a ‘community of practice’ on trauma informed care in Longford Westmeath and beyond.

Conference recommendations

There are few suggestions for improvement, as the feedback was very positive on the whole. Some minor suggestions include:

- Set out **clear expectations for speakers and conference planning from the outset**. Some speakers appeared less aware of expectations of attending planning meetings etc.
- Whilst the content and speakers were very engaging, there was a sense from some participants that it was difficult to focus for that long in the same room. It may have been useful to have **shorter presentations, some Q&A and/or workshops** where participants could discuss what they heard.
- Following on from this, some participants would have liked an opportunity **to discuss the implementation of the learning in their work in smaller groups**. This may have been logistically difficult at this conference, but there is a definite hunger to continue this and deepen their engagement on particular topics and look at the implications for their own practice.
- Several participants spoke about wishing they had **more time for coffee/networking** and did not necessarily want a structured activity throughout the day. Some confusion may have arisen in relation to the wellbeing activities not being compulsory.
- A small number of participants suggested that they may have been **happy to pay a small contribution towards the conference** and forego the raffle. This is naturally a difficult decision and there are benefits and disadvantages to both approaches.

Next steps in embedding trauma informed care in practice

The participants, speakers and planning group provided a suite of recommendations for the next steps in further deepening the awareness of trauma and helping services to respond in a trauma informed way. As Emsley et al.’s (2022) study in the UK has shown, there needs to be more **concerted co-ordination of trauma informed care and ideally it should be built into strategies and have dedicated funding**. The steps that Longford Westmeath CYPSC have undertaken to date are an effort to provide this co-ordinated interagency approach and offer awareness raising and training through various means. Whilst funding was drawn down from different sources for the conference, there is still a lack of a clear funding pathway for this work, and the CYPSC budget itself is very small. Through the strength and determination of the Planning Group and the CYPSC Co-ordinator, funding was sought, with considerable effort put into obtaining small amounts from a range of organisations.

Some of the key recommendations can be summarised as:

- Continue to **advocate at a national and local/regional level for increased funding for co-ordination and training on trauma informed care through the CYPSC interagency process**. A dedicated funding stream for this work would assist greatly and would save time on the administration and reporting on multiple small funding streams. In the absence of dedicated national funding, it is recommended that the local CYPSC partner agencies continue to support the initiative.
- **Organise further workshops and training**, as suggested by participants and the Planning Group. These do not necessarily need to be delivered by the same speakers as the conference and expertise from within the Longford/Westmeath area could also be drawn on. It would be beneficial to have these as smaller and more interactive events, with a focus on implementing the learning in practice. Topics that participants suggested they would like to focus more on included the role of play, how to carry out trauma informed audits of buildings/services and basic trauma awareness training for a wider range of service providers and individuals.

- **The need for organisations and not just individuals to be trauma aware** was highlighted by several participants. Emsley et al.' study (2022) offers useful aspects to consider for organisations to be trauma aware, including leadership, service user involvement, resource allocation, the role of competing priorities and the wider context. These should be considered in helping organisations to address how trauma aware they are. Participants also highlighted the need for senior service managers and policy makers to participate in such conferences and training. Several of them may have been present, but this was not necessarily obvious to all attendees.
- **Implement the recommendations from the focus group with the Planning Committee and ensure that momentum is not lost.** There was a sense from this group that there was a greater sense of empowerment and confidence in delivering their own training, developing resource materials etc. There is however a caveat that all members of the group are employed by different services and their time available to dedicate to this work could be limited. Again, this relates to the need for having dedicated funding and commitment to implementing a trauma informed approach.

Final words

Overall, the conference has made a very positive impact and has awakened a deep sense of awareness of trauma and how it affects both the service users and the individual providing the service. It also established a very positive sense of collective action at an interagency level with a desire to build on this further with practical steps.

The final words are quotes from participants (from voice notes) on their reflections of the two days.

'I enjoyed just having that space to sit and listen and reflect: Loads of little things like the importance of play and that we don't need toys to promote play.. we can just use our body and our voices and play doesn't have to be expensive. Another thing that I thought was just really important to note was how regulated I am going into my session with families who've been experienced trauma and then it's just that piece of noting that I'm human too that I come with my own trauma.'

'The one thing that I learned in particular from the conference was that window of tolerance and how when people get traumatised, it gets so reduced, but and I can see the effects of that... And the play therapy in itself can actually open that up for adults and children, and the important thing there obviously is when the person feels safe then they'll be ready and once you connect with them.'



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Appendices

Conference Programme

TRAUMA INFORMED CARE CONFERENCE

**Trauma Informed Care
Taking Action Collectively
#TicTac**





CYPSC
CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES
Longford Westmeath
**Bloomfield House Hotel
Mullingar | Co. Westmeath**
1st & 2nd May 2024

AGENDA

1st

**8:30am Registration
Tea/Coffee**

**9:00am Opening of Conference
Welcome address**

Speaker 1 Dr Katriona O Sullivan

Speaker 2 Dr Joanna Fortune

Movement Break
To one of the three wellness zones

Speaker 3 Dr Geraldine Maughan

1:00pm Lunch

**1:50pm Energiser Activity
After lunch**

Speaker 4 Claire Kearney

Movement break
To one of the three wellness zones

Speaker 5 Siobhan Prendiville

Mindfulness/ Wellness Activity
With Sinead Halligan to close

2nd

9:15am Opening Day Two

Speaker 6 Marie Blayney & Deirdre Mc Laughlin

Speaker 7 Carol Duffy

Movement Break
To one of the three wellness zones

Speaker 8 Dr Maria Lotty

1:00pm Lunch until 2pm

Speaker 9 Pat Divilly

**Local Lived Experience
Video**


Conference Closing Address

Mindfulness/ Wellness Activity
With Pat Divilly to close

Interagency Funding Partners



Conference Pull-up Banner



CYPSC
CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES
Longford Westmeath


TRAUMA INFORMED CARE MODEL

**Trauma Informed Care
Taking Action Collectively**


#TicTac

A multiagency collaborative approach towards the delivery of a Trauma Informed Model of Care across services in the Midlands area.

Promoting awareness and developing a toolkit of practical techniques to enhance service delivery.



Interagency Funding Partners



Planning Committee

Planning Committee



Longford Westmeath

- | | |
|-----------------|------------------|
| Eileen Finan | Joanne Kiernan |
| Ber Fagan | Janine Bartley |
| Clare Deane | Laura Mc Hugh |
| Sinead Halligan | Eoin Carberry |
| Rita Culligan | Sarah Mc Manus |
| Sinead Crowley | Deirdre Berry |
| Kirsty Real | Natalie O Reilly |
| Linda Mc Cann | Nadia Farrell |
| Orla Berry | Emma Heneghan |
| Patrick Jones | Gráinne Reid |

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