

TRAUMA-INFORMED

# Philanthropy

Leveraging resources and relationships to advance trauma-informed practice and move from knowledge to action.

VOLUME TWO

## THE TRAUMA-INFORMED PHILANTHROPY SERIES

In October 2016, United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ), the Thomas Scattergood Behavioral Health Foundation, and Philanthropy Network Greater Philadelphia partnered to develop and release *Trauma-Informed Philanthropy: A Funder’s Resource Guide to Trauma-Informed Practice in the Delaware Valley (Greater Philadelphia)*. This guide laid the groundwork for funders to understand how trauma contributes to poor health and social outcomes across the lifespan and provided initial ideas for applying a trauma-informed lens to philanthropy.

The guide helped funders to:

- » Understand the science behind trauma, adverse childhood experiences (ACEs), and resilience;
- » Apply trauma-informed principles and practices to grantmaking; and
- » Learn about existing local efforts to implement trauma-informed practice.

Volume Two builds on the knowledge and skills presented in the first *Funder’s Resource Guide*. Lessons learned from leading local and national efforts provide insights for advancing the trauma-informed movement in Greater Philadelphia. Specifically, this guide will help funders to:

- » Incorporate a trauma-informed approach into their grantmaking;
- » Foster collaboration and cross-sector networks; and
- » Build the field through evaluation.

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## vision for a trauma-informed region

Communities in Greater Philadelphia will be safe, healthy, and prosperous. Knowledge and awareness of trauma-informed practice will permeate the culture. Residents will have access to supports and resources to achieve optimal physical and mental health, wellness, and success. Well-established networks will connect cross-sector partnerships — public and private, for-profit and nonprofit — that will benefit the entire region.

The Greater Philadelphia funding community will work in partnership to set a national example for investing in and advancing trauma-informed practice across all sectors. In doing so, Greater Philadelphia will become renowned for its success in improving health, well-being, and prosperity of the region's most vulnerable citizens.

# opportunities for philanthropy to advance the trauma-informed movement

Funders have a responsibility to understand how trauma and ACEs impact our community, and to support programs in all sectors to promote healing and resilience.

The science is clear – the effects of trauma and adversity build up over the human lifespan, contributing to inequitable outcomes in every area of life. We now understand that trauma is pervasive and experienced on individual, group, and societal levels. We also know that some effects can pass from generation to generation.

Across sectors, this awareness is transforming service delivery, policy, and community engagement. Organizations and collective efforts leading the trauma-informed movement recognize the potential to dramatically improve outcomes for children, vulnerable adults, families, and communities.

Flexibility to develop new approaches is vital as we translate the science of resilience into practice. Yet public funding contracts often demand evidence-tested models and accountability measures that reinforce structural inequities and leave little space for revolutionary action. Private foundations can play a vital role in addressing this gap.

We have the opportunity to accelerate emerging approaches by deploying resources in creative ways to support risk, while building knowledge and capacity. Funders can also leverage relationships by serving as conveners and influential champions, especially with sectors like government and business.

The trauma-informed approach will look different for each individual, organization, community, and system. This guide is not a “how to,” but hopefully serves a starting point for reflection and action. We do not have all the answers, but encourage you to strive with us because ultimately, the trauma-informed movement has significant potential to increase the efficacy of every grant and begin to dismantle systemic inequities.



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Integrating a trauma-informed lens takes time, requires vigilance, and raises difficult questions. Trauma touches every socioeconomic group, race, ethnicity, gender, and sexual identity, yet is disproportionately experienced by low-income communities, communities of color, LGBTQ communities, and women. As we work to address trauma, we must account for these long-standing structural inequities. Recognizing historical trauma adds to our understanding of community context and our ability to effect positive social change.

All Foundation staff and trustees should understand the science of trauma and resilience, then together consider how a trauma-informed lens may apply across all aspects of the Foundation's work.

To help build a trauma-informed region, philanthropy's most powerful levers of change include:

- » Incorporating a trauma-informed approach into grantmaking practices and priorities;
- » Fostering cross-sector collaboration and networks that bring together multiple stakeholders working to advance trauma-informed care; and
- » Building the field through evaluation, both to demonstrate impact and to increase knowledge about effective practices and models.

## HOW NEW IDEAS SPREAD

Study of the *Diffusion of Innovations* provides insights for the trauma-informed movement's efforts to promote new ways of thinking and practices across sectors.

Innovations spread via social networks and many different communication channels. Early adopters often influence other opinions.

Looking at the factors that influence the adoption of innovations, trauma-informed practice has the following benefits and challenges:

- » Understanding the impact of trauma provides **Relative Advantage** to human services professionals who have felt barriers to change.
- » Champions see **Compatibility** with the tenets of trauma-informed practice, as consistent with their past experiences, values, and needs.
- » The **Complexity** of trauma-informed language and concepts can be challenging; clear definitions of core elements are needed.
- » Key areas to develop include more **Trialable** and **Observable** strategies to prove the positive impact of a trauma-informed approach, which can stimulate further discussion.
- » Implementation across sectors leads to **Re-Invention** that helps innovations diffuse faster and increases the likelihood of sustained change, since adopters can customize an innovation to fit their unique situation.

Adapted from *Diffusion of Innovations*<sup>1</sup>

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“We are standing on the cusp of a new revolution, and it is every bit as consequential as the one sparked by Pasteur’s discovery of germs.”

—Nadine Burke Harris, *The Deepest Well*

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## WHAT’S THE BIG DEAL ABOUT TRAUMA AND ADVERSITY?

### A NOTE FROM SANDRA BLOOM

Why is it necessary to change our point of view, to make the deep changes we are suggesting? When you read the *Vision for a Trauma-Informed Region*, it was not difficult to agree with the aspirations. However, it is harder to imagine the “How do we get there from here?” After all, philanthropic and service organizations have been trying for a very long time to achieve such aspirational goals. But we haven’t reached them — not even close. Lack of money? Lack of effort? No. Lack of knowledge? Partly.

Until recently we have been missing some critical information — the serious, complex, and lifelong consequences of exposure to trauma and adversity, especially when it begins in childhood.

This lack of knowledge has meant our explanations for human misbehavior, dysfunction, and illness have inadvertently kept systems divided, confused, and unable to meaningfully collaborate. Each human services field comes with its own language and assumptions that inform how they work. Depending on which part of the system a client is engaged with, they may be viewed as bad or sick, irresponsible or not responsible, victim or perpetrator, or any of a number of other dichotomized labels that do not capture the whole person or their context. The result is a widespread, systemic problem best described by the metaphor of the Tower of Babel, at its heart a story about human miscommunication and confusion.

The big deal about trauma and adversity is that we now understand the ways human beings can be injured from before birth until death.

We have new insight into how injuries to genes, bodies, and minds interact to produce an array of problems and maladjustments as well as creative adaptations, transformations, and growth that affect subsequent generations. This new knowledge opens up possibilities to inform health care and mental health care; child welfare and supports for vulnerable adults; primary, secondary, and higher education; community-based services and criminal justice services. We now can all start from a common knowledge base with shared assumptions, methodologies, and goals. In doing so, we begin to consider the whole human being in the context of his or her family, community, culture, and society. That’s what we mean when we call for “trauma-informed change.” And that kind of deep change is what we mean by a “paradigm shift” — a change in the very basic mental models that inform how we make sense of the world.



PART ONE

# Trauma-Informed Grantmaking

## investing in trauma-informed practice

**This section outlines key principles for bringing a trauma-informed lens to funding processes and showcases model efforts to implement trauma-informed practice in the region, highlighting different sectors and operational domains. Core ingredients seen across these efforts suggest factors grantmakers should look for when making investment decisions.**

Research tells us that trauma can alter human development and functioning. Trauma-informed practice seeks to translate this science to inform services and address root causes of social challenges. Through grant priorities and investment decisions, funders can encourage the adoption of trauma-informed practice. A trauma lens is instructive for grants to any type of social program and does not require a separate, new funding priority. Ideally, philanthropy would support programs in all sectors that promote healing and resilience.

Distinguishing between services that utilize brain science to shape practice and those which do not can be difficult. While some standards for trauma-informed care exist in particular sectors or localities, most are designed as guidance rather than strict requirements. Checklists or other inflexible criteria are not sufficient to capture the complexity of trauma-informed change efforts. Implementing this approach requires ongoing commitment at all levels and evolves over time, going beyond specific services or staff to cross all aspects of nonprofit operations.

# key principles for trauma-informed grantmaking

A true investment in trauma-informed practice will require funders to inventory their own policies and procedures to ensure alignment with a trauma lens. Adapting the six principles of trauma-informed practice from the Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>2</sup> and The Sanctuary Model's Seven Commitments,<sup>3</sup> core tenets for trauma-informed grantmaking include:

# 1

## **ACKNOWLEDGEMENT OF POWER STRUCTURES**

Funders hold the power to make decisions about which organizations and programs receive funding and which do not — a tremendous responsibility. This power shapes which communities receive services, what programs are developed, and how those programs are implemented. Systemic power structures are grounded in historical and structural inequities and often reinforced by siloed and inadequate funding streams. Funders must acknowledge and wield their power with care and attention to these inequities.

# 2

## **DIVERSITY, EQUITY, AND INCLUSION**

Promoting leadership and inclusion of marginalized groups is necessary to bringing about social justice. Diversity, equity, and inclusion are vital considerations in both internal hiring practices and in selecting grantees and partners.

# 3

## **EMPOWERMENT AND VOICE**

On-the-ground perspectives are crucial to successful social change. Ensuring that community organizations, service providers, and consumers have a voice in determining community needs, priorities, and strategies of change increases the potential for impact.

# 4

## **PATIENCE AND FLEXIBILITY**

All too often, funders place strict requirements on grantees within rigid, inflexible timelines. Although transformative social change requires time, risk-taking, and learning from failure, philanthropic organizations rarely give grantees the time and space to make mistakes, learn, and grow. Unrealistic time constraints and expectations set up grantees for failure, leaving the communities they serve without needed services. With increased patience and flexibility, community organizations and service providers will have the necessary breathing room to provide services that make an impact.

## 5 CREATIVITY AND RISK TAKING

Philanthropy cannot solve complex social problems alone, but can deploy available resources to fund new and innovative programs. Without the burden of accountability to the taxpayer, philanthropy can fund bold, and even risky, initiatives. While evidence-based practices have value, we also need to make room for emerging practices to be implemented and studied so they can be taken to scale. This is a unique role philanthropy can play that could ultimately change service provision more broadly.

## 6 TRANSPARENCY

For much of the nonprofit community, why and how programs do or do not receive funding is confusing and unclear. Demystifying the process by which funding decisions are made is integral to helping the nonprofit sector utilize their existing resources effectively.

## 7 RESPONSIVENESS

Though grant cycles can provide structure, they can limit a funder's ability to make swift decisions when crises emerge or as new information arises. Additionally, long waiting periods between application deadlines and award notifications can make planning difficult for nonprofits. Making discretionary grants available to alleviate pressing issues can help communities to be more responsive to specific needs.

## 8 LISTENING AND HUMILITY

Encouraging honest and thoughtful feedback from your grantees and the communities they serve can help to correct the power imbalance in the funder-grantee relationship. Take the time to understand the full range of your grantees' needs and be self-reflective of how philanthropy's demands and restrictions may make it difficult for service providers to be effective.

## implementation profiles

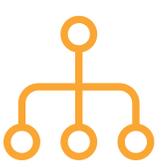
In addition to providing background information on trauma and ACEs, Volume One of the *Trauma-Informed Philanthropy* series introduced SAMSHA's six principles for trauma-informed organizations and how those might apply to grantmaking.

Volume Two seeks to provide further guidance, utilizing SAMSHA's 10 Implementation Domains<sup>4</sup> to explore specific areas where trauma-informed principles can be operationalized. The following profiles of local trauma-informed change efforts provide examples of how organizations have implemented trauma-informed principles in the various domains. These stories are intended for use as guidance for organizations seeking to weave trauma-informed practices into their work.

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## SAMHSA'S 10 IMPLEMENTATION DOMAINS FOR A TRAUMA-INFORMED APPROACH

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### **Governance and Leadership:**

*Board and executive leadership support and show strong investment in the implementation of trauma-informed practice throughout the organization.*

### **Cross Sector Collaboration:**

*The organization works with service providers in other sectors to promote trauma-informed practice and more effectively address the multifaceted, interdependent needs of vulnerable community members.*

### **Progress Monitoring and Quality Assurance:**

*The organization measures indicators related to quality of care and progress in implementing trauma-informed principles.*



### **Policy:**

*The trauma-informed approach is woven into an organization's policies and protocols (internal). The organization accounts for the broader policy context and works to address structural and systemic barriers (external).*



### **Screening, Assessment, Treatment Services**

*Service providers have training and use interventions which reflect trauma-informed principles, are based in the best available evidence, and are culturally sensitive. Screening and assessment for trauma and resilience are utilized as a vital part of the organization's service continuum.*



### **Financing:**

*Financing structures support the implementation of holistic trauma-informed practice.*



### **Physical Environment:**

*The organization's physical environment promotes a sense of physical and psychological safety for both staff and individuals receiving services.*



### **Evaluation:**

*The organization shows a commitment to measuring and continually improving the efficacy of its services. Evaluation and research designs reflect principles of trauma-informed practice and cultural competence.*



### **Training and Workforce Development:**

*Staff have ongoing training and professional development. Organizations acknowledge and seek to address issues of secondary traumatic stress, vicarious trauma, and compassion fatigue.*



### **Engagement and Involvement:**

*Individuals receiving services have meaningful involvement in all levels of decision making, from program planning through evaluation.*

# Journey to Trauma-Informed Practice: Children's Crisis Treatment Center

Stage of Implementation:  
10+ years

Sector:  
Behavioral Health

## About the Organization:

Children's Crisis Treatment Center (CCTC) specializes in behavioral health services that address the impact of child abuse, neglect, traumatic events, and other challenges to early childhood development. CCTC's services help Philadelphia's children and families reach their full potential in their homes, communities, and society. CCTC has been a recognized trailblazer in institutionalizing trauma-informed approaches and organizational practices. Embarking on the Sanctuary process more than 10 years ago, CCTC was one of the first organizations to apply Sanctuary principles to services beyond residential behavioral health. Antonio Valdes, Chief Executive Officer, and Grace Ryder, Director of Best Practices and Strategic Initiatives, have led this work since its launch in 2006.

Children's Crisis Treatment Center (CCTC) delivered trauma-focused treatment and interventions for more than fifteen years before launching a comprehensive organizational change process in 2006.



## Key Implementation Domains:

 Policy (Internal)

 Progress Monitoring  
and Quality Assurance

Interest, opportunity, and resources came together for senior leaders to attend the Sanctuary Institute training. Seeing the potential for shared language and an established framework to guide change aligned with their organizational values, CCTC launched the Sanctuary implementation process. Sanctuary certification was only part of this organizational change process. Executive and program leaders represented on CCTC's Sanctuary Implementation Committee have continued to meet every other week since, a reflection of the journey that Antonio Valdes and Grace Ryder say is never complete but continues to evolve over time.

Early wins helped establish a strong foundation and sustain the model at CCTC, including activating champions among non-clinical staff. If some areas of organizational work drifted off course, established trauma-informed programs provided strong models to re-align implementation. CCTC maintains and renews their Sanctuary commitment via ongoing training and continued work to ensure management and service delivery align with core principles. Documented policies expanded as the organization grew, then recent revisions used a Sanctuary lens to review everything from human resources materials to CCTC's reimbursement policy. Legal considerations dictated that some wording stay in place, but much of the language shifted to emphasize process and humanize approaches — for example, replacing “client” with “kids and families.” Such changes in language reflected and helped to advance renewed efforts to engage consumers and families in advisory and leadership capacities.



Strengths-based practices and commitment to including voices from all perspectives, especially those with lived experience, extend to the organization's quality assurance and improvement systems as well. Service planning and outcome measures identify child, family, and community strengths, and track changes in resiliency factors such as connections to community resources and social supports. CCTC's Family Advisory Board engages caregivers in organizing activities, providing feedback, and sending parent representatives to the agency's Quality Management Committee and Sanctuary Implementation Committee. Quality management involves parent representatives and staff from various levels, including building services, in a monthly review of organizational issues with a strong trauma-informed lens focused especially on addressing any safety issues.



## Journey to Trauma-Informed Practice:

# Steven and Sandra Sheller 11th Street Family Health Services

### Stage of Implementation:

10+ years

### Sector:

Health Care

### About the Organization:

Drexel University's 11th Street Family Health Services (11th Street) provides a single point of access for integrated primary care, behavioral health, dental services, and health and wellness programs serving more than 6,000 patients annually. Since beginning work in the neighborhood in 1998, Patricia Gerrity of Drexel's School of Nursing and Health Professions has intentionally partnered with community groups and residents of the four nearby Philadelphia Housing Authority complexes. 11th Street's Director of Health and Wellness, John Kirby, supports the health center's continued evolution, including recent efforts to train Community Advisory Board members to spread awareness about the consequences of trauma and ACEs on health and well-being.

### Key Implementation Domains:



Engagement and Involvement



Financing

The 11th Street Family Health Services Center (11th Street) grew from a twenty-year partnership between Drexel University's College of Nursing and Health Professions and residents of public housing developments near 11th Street in lower North Philadelphia.



Now a leading national model for nurse-led, community-based health care, 11th Street has incorporated authentic community engagement into every stage of service planning and delivery.

Committed to delivering health services that respond to community-identified needs, 11th Street works with residents and other community stakeholders through the Partnership for Community Based Care. From the outset, the Partnership listened to the community first and then designed services. Residents were initially distrustful — universities had come to study the neighborhood in the past but left few resources behind. The Partnership aimed to do business differently, with a goal of working with the community to build “a place of their own” to improve community health.

Gerrity knew the College of Nursing was “making a long-term commitment, but needed short-term wins.” Community trust grew when Gerrity’s team responded to issues identified through initial conversations, like neighborhood concerns about cars disregarding stop signs and bite risks from roaming stray dogs. Other strategies that boosted initial momentum included connecting with resident council leaders as key community champions, involving all ages in gathering data, and sharing findings with the community. 11th Street’s Community Advisory Board members have been highly valued and engaged stakeholders. Members played a significant role in the recent expansion and redesign of the clinic, bringing tremendous expertise to that process.

To gain Federally Qualified Health Center status in 2002, 11th Street partnered with Family Practice and Counseling Network. Drexel faculty and staff bring complementary programs, leveraging resources as a teaching facility. Through this partnership, 11th Street aligned funding streams behind the scenes to offer holistic health and well-being supports with a “no wrong door” approach for community members.



11th Street embarked on Sanctuary work with Sandra Bloom in 2008, after identifying a common thread of trauma histories among neighborhood residents with depression and hypertension. While Sanctuary brought a guiding framework, implementation in a health care setting was a new arena and required shared learning over subsequent years.

Building on Sanctuary implementation and ongoing community engagement, 11th Street is equipping Community Advisory Board members to spread knowledge as ambassadors for the trauma-informed movement. In recent years, the Community Advisory Board participated in trainings about brain architecture, the impact of stress, and ACEs. Members now share this knowledge with other neighborhood residents and, as part of the Philadelphia ACE Task Force, the local trauma-informed cross-sector network.

## Journey to Trauma-Informed Practice:

# Lakeside Therapeutic Schools and Services

Stage of Implementation:

10+ years

Sector:

Education

### About the Organization:

Lakeside's four therapeutic schools located in Montgomery County, PA, utilize a brain-based, trauma-informed approach that contributes to students' academic, emotional, social, and behavioral success by providing a therapeutic learning experience balanced with support and nurturing. Small classes, intensive counseling, individualized planning, and partnerships with parents are key elements of each school. Gerry Vassar, President/CEO of Lakeside Educational Network, and Kathy Van Horn, Executive Vice President, have worked together for many years to build and refine Lakeside's Therapeutic Schools. Trauma-informed interventions have been part of school services for more than 10 years, with a special focus on somatosensory supports for the past five.

### Key Implementation Domains:



Physical Environment



Screening, Assessment, and Treatment Services

Lakeside has provided alternative education and support for youth with behavioral challenges and/or involved in the courts system for more than 30 years.



Establishing stable funding mechanisms while giving educators space to figure out what works for youth has been essential to Lakeside schools' success. As Kathy Van Horn explains, "We work hard to build a different kind of relationship with students, because we get that punishment does not work for youth with trauma histories — we have to teach young people to respond differently." Guided by this belief, Lakeside's therapeutic schools focus on increasing students' abilities to self-regulate emotional responses that can hijack learning, evident in school facilities and throughout the student experience.

Lakeside provides school districts in the region with alternative placement options through advance tuition payment contracts, a funding structure which allowed Lakeside to develop a responsive educational model. About 75 percent of the model had been tested and refined by the early 2000s. But there were common underlying needs left unaddressed, until staff learned about the neurosequential model for therapeutics (NMT). Key to this model is an understanding that children who experience trauma often operate in a state of hypervigilance, which impedes their ability to access higher-order thinking and demands treatment and calming techniques for human's lower "reptile" brain.

After attending NMT training funded by UWGPSNJ, Lakeside leaders incorporated a variety of sensory supports in their schools. Every classroom has rocking or bounce chairs and at least one stand up desk available, as well as quiet corners and separate rooms that students are encouraged to use when they need a break. Students check and record their pulse when entering and before leaving quiet spaces, determining on their own when ready to return to class. Posters throughout each building reinforce brain-based techniques that foster self-regulation.



Intake, assessment, and tracking progress for each student at Lakeside schools also incorporate trauma-informed elements. After reviewing referral information, service plans, and testing, Lakeside schools establish a collaborative agreement with the student, parents, and home school district. To ensure complete and up-to-date information, Lakeside assesses academic skill levels and student learning styles, and uses the Achenbach System of Empirically Based Assessment (ASEBA) for pre/post assessment of behavioral health. Each student has a case manager who completes a psychosocial assessment through conversation over time to avoid overwhelming the student with personal questions after initial academic assessments. They also complete a NMT metric that helps to structure and sequence interventions. Lakeside's discipline system relies on positive behavioral supports, including a point system and collaborative problem solving to help students think through solutions, then brings in additional resources as needed.

Student supports also include coordinating therapeutic services, including drug and alcohol counseling. Equipping students with skills to help them succeed after returning to their home school is key to transition planning. To support Lakeside's holistic approach, both teaching and clinical staff have extensive training upon hire and in subsequent years. Teachers also have time after each school day to debrief, collaborate, and problem solve about how to best meet youth needs. Regular supervision and strong social connections also help Lakeside educators avoid burnout and stay focused.

# Journey to Trauma-Informed Practice: Youth Sentencing and Reentry Project

## Stage of Implementation:

Two to four years

## Sector:

Criminal Justice

## About the Organization:

The Youth Sentencing & Reentry Project (YSRP) is a Philadelphia-based nonprofit that supports youth prosecuted in the adult criminal justice system, including individuals sentenced as children to life without parole (“juvenile lifers”). In partnership with court-involved youth and juvenile lifers, their families, and lawyers, YSRP develops comprehensive life history narratives and reentry plans that mitigate the facts of each case and inform sentencing. Ultimate goals are to keep children out of adult prisons and to enhance the quality of representation juvenile lifers receive at resentencing, while supporting both as they prepare to reenter the community. Co-founders Lauren Fine and Joanna Visser Adjoian launched YSRP three and a half years ago.

## Key Implementation Domains:



Cross-Sector Collaboration



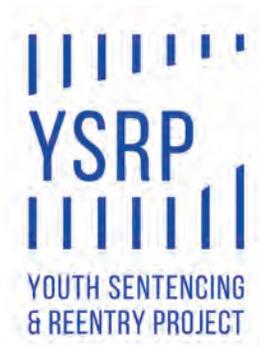
Policy (External)

The Youth Sentencing & Reentry Project (YSRP) works in partnership with court-involved youth and juvenile lifers, their families, and lawyers to get cases transferred to the juvenile system or resentenced. During this process and to support reentry, YSRP connects client-partners to community resources for education, health care, housing, and employment.



YSRP's core beliefs are that justice requires that context be considered at sentencing and that all young people deserve to have options and opportunities on the other side of a bad situation. Through past work at Juvenile Law Center, YSRP co-founders saw how often court-involved youth had no space to provide even basic information to the attorney charged with protecting their freedom. "The justice system focuses on momentary snapshots of youth as people and provides a very black and white response to something much more nuanced. How do we better understand behavior and choices, and make better, more individualized responses to hurt?" asks Lauren Fine. Answering this question involves providing more holistic information about each situation, while helping judges and lawyers understand the impact of childhood trauma.

Since starting as a two-person endeavor, Fine and Visser Adjoian have amplified YSRP's impact by leveraging partnerships and maintaining focus on both individual cases and system changes. Attorneys, including public defenders and private counsel, are eager to work with YSRP to introduce comprehensive case histories into evidence, seeing an opportunity to more fully represent young clients. Exploring earned income strategies to sustain the organization, YSRP is starting to receive some small payments as a contributing party to the defense team, particularly in cases with juvenile lifers. YSRP engages students and other volunteers to assist in the work and provides trainings on mitigation to attorneys, judges, graduate students, and other volunteers. Through these strategies, YSRP works to shift the culture of the criminal justice system, expand resources available to low-income youth of color who come in contact with the system, and to train new generations of lawyers and social workers.



Building on their individual casework, YSRP partners with policy and advocacy organizations to drive broader systems change. As common issues and "pain points" for young people, juvenile lifers, and their families emerge, YSRP connects with policy groups which advocate for legislative and regulatory action. This way, the advocacy process involves those with lived experience, bringing about policy change that avoids tokenizing and re-traumatizing YSRP's client-partners.

Costs for custody in Philadelphia's juvenile justice system has been one area of early advocacy success for YSRP. After learning of the practice of charging families for their child's juvenile justice placement, YSRP set out to eliminate this disincentive for families to be in the juvenile justice system, which is better equipped to address their educational, health care, emotional, and development needs. YSRP partnered with Temple's Sheller Center Justice Lab, whose students conducted research that became the basis of the campaign. Letters to the editor and conversations with Philadelphia's Department of Human Services contributed to the City declaring a moratorium and forgiving accrued charges to families for juvenile justice placements.

# Journey to Trauma-Informed Practice: Kensington Trauma-Informed Community Development Partnership

Stage of Implementation:  
Less than two years

Sector:  
Community Development

## About the Organization:

Philadelphia's Greater Kensington area\* reflects the city's post-industrial decline and uneven regeneration. Since the 1980s, Kensington has been characterized by social challenges including being ground zero of the region's opioid epidemic. As gentrification arrives in southern Kensington, northern expanses still face alarming health and well-being outcomes. Two organizations in the region — Impact Services and New Kensington Community Development Corporation (NKCDC) — joined forces with Philadelphia Local Initiatives Support Corporation (LISC) in 2016 to launch a comprehensive development effort with trauma-informed community building at the center. The vision for this effort grew from Impact Services' CEO Casey O'Donnell's past work in child welfare and with Veteran Affairs' National Council on PTSD.

An outgrowth from informal conversations between various community organizations working to bring a trauma lens to neighborhood-level efforts, Impact Services and New Kensington Community Development Corporation (NKCDC) saw an opportunity to build on complementary efforts.



## Key Implementation Domains:

 Cross-Sector Collaboration

 Evaluation

\* Including portions of the 19125, 19134, and 19124 zip codes

NKCDC had documented resident stories through a project with *Motivos* magazine and discovered common themes about trauma and challenges to community resilience. Impact Services had initial success in implementing trauma-informed work with veterans and in workforce development that it sought to expand to community-wide development.

After extensive discussions with LISC, Kensington became part of LISC's Sustainable Communities Initiative (SCI) in 2016. The SCI model engages local stakeholders in determining priorities and working together to revitalize neighborhoods. In Kensington, SCI builds on two neighborhood development plans completed separately with funding from Wells Fargo Regional Foundation. SCI efforts focus on increasing access to services and improving physical assets, while also developing a community-building model that counters the multifaceted impacts of trauma for residents of disinvested neighborhoods. LISC works intentionally as a learning partner, exploring how trauma-informed approaches can inform community development and how to translate relevant information to that field. Both NKCDC and Impact Services are actively working to expand trauma-informed practices throughout their own organizations, as well as through this collaboration.

Collaboration requires continual communication and renegotiating of goals and roles between the partners as work moves forward. This ongoing dialogue was essential after leadership changes at NKCDC, to transfer knowledge of work underway and to ensure buy-in.

The partners have been intentional in recognizing power dynamics, especially when they have included funder-partners. Acknowledging power differentials has played an integral role in maintaining open, honest communication — a key element of strong collaboration. Each partner shares a commitment to strive for safety and respect for all voices.

Fostering resident ownership and leadership in community development is an area where trauma-informed perspectives hold significant promise. LISC helped bring in additional resources from the Scattergood Foundation to support this goal. The Kensington partners are working with Philadelphia-based trauma experts and neighborhood representatives to co-design a block-based community engagement strategy to build social cohesion and foster resiliency. Developing a turn-around training curriculum remains a core goal, though learning through the process led to a shift — to not just deliver trainings, but also to establish a network of community leaders who can continue the work with support from partner organizations.

In spring 2018, resident leaders will review the draft trauma-informed Community Connectors curriculum and give feedback. The curriculum will also incorporate a trauma-informed lens to “tried and true” community engagement strategies and help gauge organizational and community readiness. Researchers are working alongside residents and project partners through a participatory evaluation approach, adapting existing measures of collective efficacy and testing if the measures capture the impact of the work and can inform refinements. Reflecting on the need to accept a degree of ambiguity while creating a community-driven process and evaluation, project co-leader Zoë Van Orsdol shared, “We feel like we’re on the right path. We’re not sure where that path leads yet, but we are learning together.”



## cross-cutting domains

Across all of the highlighted organizations, three major themes emerged as crucial factors for implementing trauma-informed practice:

- » Leadership
- » Culture Change
- » Continual Knowledge-Building

In addition to the implementation domains highlighted in the profiles, these cross-cutting domains provide additional guidance for funders when considering investment decisions.

### LEADERSHIP

*Executive-level commitment is crucial to launching and sustaining trauma-informed organizational change. Such transformation requires significant staff time and effort, so organizational leaders must make the process an ongoing priority.*

Equally important is expanding the base of champions and implementation drivers from all levels of the organization. As CCTC's Grace Ryder shared, "Executive leaders' consistent presence as champions is vital, and so is growing leadership throughout the organization. We were involved in every step at the beginning, then have worked consciously to empower other champions to take on pieces of the work. That's the only way it can grow; no one person can do all."

“Understanding trauma is not just about acquiring knowledge. It’s about changing the way you view the world.”

—Sandra Bloom

## “Sanctuary became the new cultural norm for this place, how we do business.”

—Antonio Valdes, Children’s Crisis Treatment Center

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Because leadership and staff transitions are inevitable, building champions throughout the organization is critical. During times of transition, having at least one “keeper of the vision” to intentionally support the transfer of knowledge and experience helps to sustain momentum. Should major transitions occur, partners must revisit shared commitments, roles, and benefits to mitigate potential areas of misalignment.

### CULTURE CHANGE

*Leaders across the region caution against considering trauma-informed change efforts as limited to discrete program efforts or specific therapeutic staff.*

Applying a trauma-informed approach requires shifts at all levels of operations and a significant commitment of time and resources. At each organization profiled, trauma-informed work evolved and expanded to additional program areas over time, creating a ripple effect of change throughout the agency.

Organizing frameworks can help organizations and systems move through the complicated change process of shifting culture and practices at all levels. At CCTC and 11th Street Health Services, The Sanctuary Model provided guiding principles and a comprehensive implementation model. For Lakeside, Bruce Perry’s Neurosequential Model for Therapeutics provides the organizing framework that informs their educational approach, as well as student assessment and supports.

Trauma-informed culture change requires attention to governance and management, intentional use of language, and supporting the workforce to carry out trauma-informed interventions.

To support safety and continual learning within organizations, a commitment to transparent, democratic **governance and management** is crucial. CCTC emphasizes that how organizations manage difficult decisions and work through challenges is critical to being trauma-informed. When tough decisions must be made, all levels of staff should feel that their voices are considered. Organizations must also engage constituents and community stakeholders in their decision-making process.

**Language** is also a key element of culture that reflects organizational mindset. The profiled organizations are intentional in the language each uses to describe their work, both internally and externally. CCTC reviewed all organizational policies and procedures through a Sanctuary lens, making revisions to reframe technical language to be more positive and mission-focused. YSRP’s language reflects their strengths-based approach, using “client-partner” in all communications. Case statements shared with the courts incorporate strengths and resources, as well as trauma narratives.

Supporting the human services **workforce** and buffering against vicarious trauma is also integral to a trauma-informed approach. In the fall of 2015, 11th Street Health Services formally adopted a Culture of Mindfulness, providing staff with regular access to mindfulness, yoga, relaxation, fitness, and art therapy. Kensington Partners highlighted how staff who spend most of their work time in the neighborhood, crossing paths with pervasive challenges of addiction and disrepair, experience a particular drain on their energy. Acknowledging this reality is part of shared support through informal check-ins and more formal processing. Kensington staff, as well as practitioners at CCTC and educators at Lakeside Therapeutic Schools, all benefit from regularly scheduled supervision.

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“Folks who are incarcerated are traumatized by not being able to tell their story. We work to bring in assets and aspirations, while being careful to share the nuance of each situation and avoid the risk of pathologizing entire communities.”

—Joanna Visser Adjoian, Youth Sentencing Reentry Project

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## CONTINUAL KNOWLEDGE-BUILDING

*For organizations implementing trauma-informed approaches, constantly expanding and revisiting learning at all levels of the workforce is crucial.*

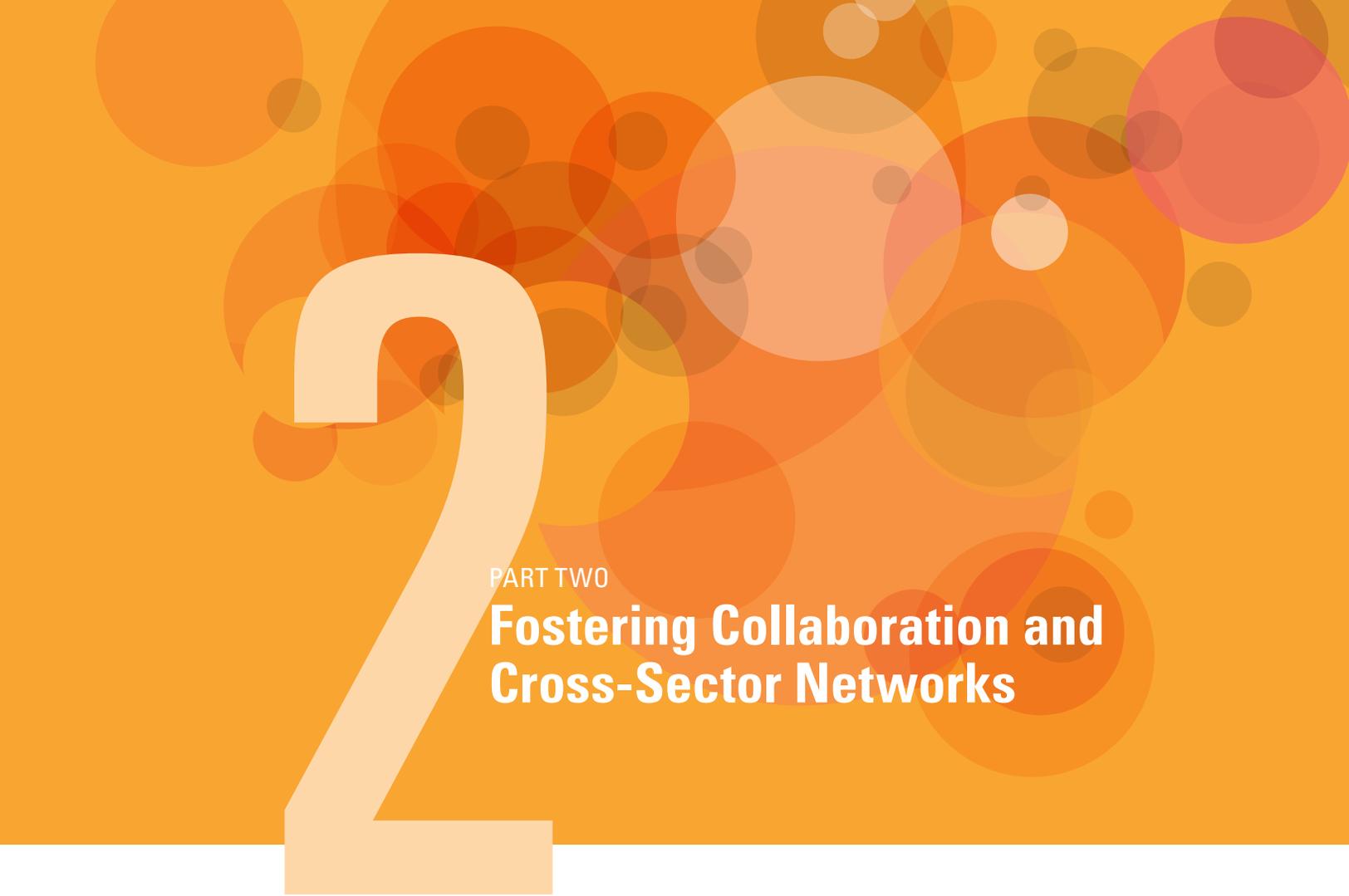
Leaders from the profiled organizations emphasized the importance of participation for all levels of staff, even building services workers. Each organization has regularly scheduled opportunities for ongoing training and education — both on- and off-site.

Knowledge and insights for trauma-informed practice come from other on the ground sources as well. During initial planning, 11th Street gave children cameras to capture neighborhood scenes and worked together to understand the implications for community health. Kensington Partners co-designed trainings with community leaders, in addition to working with an academic partner through a participatory evaluation process to create community-informed measurement tools to capture impact.

Learning through trial and error is also helpful for organizations seeking to test new methodologies. Lakeside Therapeutic Schools had space to experiment with what worked for students who struggled in other educational or disciplinary settings. Through this process, they identified core elements of their model that are consistently used as they expanded to serve more students over time.

“Simply having new knowledge, however, does not ensure improved outcomes at a population level. Substantially greater impacts will require changes in the way we design, test, evaluate, and scale promising, new strategies.”

—From *Best Practices to Breakthrough Impact*, Harvard University<sup>5</sup>



# 2

PART TWO

## Fostering Collaboration and Cross-Sector Networks

### why is collaboration important?

No one organization or sector can transform social conditions alone. The complex challenges our communities face demand multifaceted approaches that capitalize on the unique expertise of many different stakeholders. Collaboration within and across sectors is critical to reducing exposure to adversity and strengthening supports for individuals, communities, and systems— keys to social change and more equitable outcomes.

“Understanding the science of resilience, how can we create systems that provide the necessary supports (buffers) for individuals and communities? Applying this science to practice provides a framework for increasing equity.”

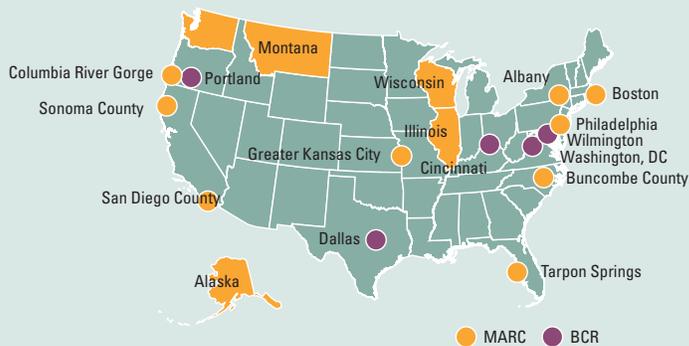
–Wendy Ellis, Building Community Resilience

Collaboration and partnership fall on a continuum in terms of scope, required time commitment, and shared accountability. Cross-sector networks are labor-intensive, but may be essential for community-wide change such as building a trauma-informed region.

	networking	coordinating	cooperating	collaborating
exchange information	X	X	X	X
align work		X	X	X
share resources			X	X
enhance capacity				X

Adapted from Harmonization, *Building Bridges to Collaborative Success*<sup>®</sup>

## COMMUNITIES FUNDED



Building Community Resilience (BCR) and Mobilizing Action for Resilient Communities (MARC) are two national initiatives supporting cross-sector collaboration. Both help increase the capacity and momentum of local networks, while compiling lessons learned for future efforts.

BCR, a program of the Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University Milken Institute School of Public Health, aims to promote the health and wellness of children, families, and communities by connecting key systems and services. The program works with five test sites across the country, providing technical assistance and consultation to build community capacity to address issues of toxic stress and trauma while promoting healing and resilience. BCR utilizes a “Pair of ACEs” framework, which draws attention to both adverse childhood experiences and adverse community environments such as poverty, violence, and lack of social capital.

The Health Federation of Philadelphia launched the MARC initiative in 2015 in partnership with the Robert Wood Johnson Foundation and The California Endowment. MARC funded 14 local networks across the country to strengthen their cross-sector networks, test innovative strategies, and participate in peer learning. The Health Federation serves as a convener and connector across the initiative, creating space for communities to learn from one another through in-person gatherings, phone conversations, webinars, and a dedicated ACEs Connection page. A cross-site evaluation of MARC conducted by Westat is currently underway.

## building cross-sector networks

Communities across the country are working to build cross-sector networks to raise awareness about the effects of trauma and to develop community-wide approaches for prevention and treatment. While the exact focus and structure vary across each community, many lessons learned in recent years can inform other trauma-informed networks and local efforts.

When engaging people from varied backgrounds to work toward change, Wendy Ellis from BCR highlights the need to first “define the problem in a way that resonates across sectors and leverages the resources and expertise that each sector can bring to the table.” Community-level data can bring to light the interconnectedness of social challenges. When stakeholders see multiple layers of adversity concentrated in particular zip codes, the need for cross-sector work becomes very logical and urgent. Data coupled with a compelling narrative draws people in most effectively when the story arc includes some potential solutions.

There is tremendous power in the act of bringing together individuals, organizations, agencies, and businesses from a wide range of sectors who do not typically work together. Champions of trauma-informed practice often feel isolated and frustrated as they seek to move organizations and systems towards new practices, especially since discussions of ACEs, trauma, and structural injustice are often fraught.

Creating common language and understanding is the first step in working together. Leaders of BCR and MARC initiatives stressed the important role that cross-sector networks play in building common language around ACEs, trauma, and resilience. Network members establish core knowledge about the science, then can adapt key messages to resonate in their sector. Acting as translators, members of cross-sector networks bring key information about trauma-informed practice to their sector in language that is relevant and aligned with their discipline.

Cross-sector networks have greatest potential for impact when they first rethink how to drive forward desired social change and then reexamine roles. “Understanding the lifelong impact of trauma helps to illuminate that working in silos is part of the problem,” says Ellis. Networks should facilitate a discovery process for members to identify how their work contributes to shared goals and to understand the role of other agencies. Understanding the expertise each sector brings together to the table allows agencies to move away from trying to be everything to everyone, instead working with a partner who has expertise and is funded to do that work. Ultimately, the goal is to maximize the roles each sector plays to create synergistic effects.

The BCR and MARC initiatives both sought to accelerate long-term momentum for trauma-informed work in the target communities. Serving as a “network of networks,” each has provided targeted supports to help local networks build inertia. Growing critical mass involved support to expand the core network and bring new partners to the table. Strategic planning has increased acceleration by helping groups identify opportunities to do something actionable and measurable together. Networks also benefit from reminders not to shy away from policy, because taking concrete action in that arena is essential to lasting change.

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“People can feel alone as champions of this work. Networks help connect champions and amplify their impact.”

—Clare Reidy, Mobilizing Action for Resilient Communities

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## 10 SUCCESS FACTORS

Key factors that contribute to the success of cross-sector networks include:

**1. “Evangelists” for trauma-informed practice**

Each network comes to life thanks to visionary leaders who inspire others with what they see in the community and who have the savvy to work across sectors.

**2. Strong, neutral backbone organization**

“You can’t underestimate the role of the neutral convener.” – Wendy Ellis, BCR

**3. A well-defined problem**

Communities identify greatest issues and needs, as well as how each sector can contribute to solutions.

**4. Commitment to community inclusion and participation**

Networks must act with, rather than upon, community by incorporating community engagement from the beginning and throughout.

**5. Shared values and a common language**

All partners embrace the change in mindset from “What’s wrong with you?” to “What happened to you?”

**6. A well-oiled training machine**

Building the movement requires bringing in new people and equipping them with information through training. A well-oiled training machine allows other network members to focus on system change.

**7. Focus on a full spectrum from prevention to treatment**

“From supporting individuals as they heal, to eliminating systemic inequities.” –Clare Reidy, MARC

**8. Financial resources and paid staff time**

Cross-sector networks need time to bring people together and think critically about what they are already doing, and how that can be knitted into larger goals.

**9. Shared data between systems**

Networks which allow for data sharing across sectors can track their collective efforts.

**10. Distributed leadership**

Participating organizations and community partners share ownership of and leadership roles in the network.

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## 6 BARRIERS

Collaborative work can be tremendously difficult and cross-sector networks can face significant barriers to success, including:

**1. Financial sustainability, time, and resources**

**2. Relationships and trust-building**

**3. Confidence to tackle policy and systems change**

**4. Moving beyond awareness-building toward shared work**

**5. Authentic community engagement**

**6. Communicating the value-add of collaborative work**

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## RESOURCES AND TOOLS

One of the key roles each of these initiatives plays is to compile key learnings from the communities they work with to share with the public. Such learnings can be helpful as new cross-sector networks develop and existing networks continue their work.

**Building Community Resilience Resources** can be found on their website, [publichealth.gwu.edu/departments/redstone-center/resilient-communities](http://publichealth.gwu.edu/departments/redstone-center/resilient-communities)

- A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model
- Coalition Building and Communications Guide
- Partner Build Grow: An Action Guide for Sustaining Child Development and Prevention Approaches
- Building Community Resilience Glossary
- Building Community Resilience State Policy Recommendations

**Mobilizing Action for Resilient Communities Resources** can be found on their website, [marc.healthfederation.org](http://marc.healthfederation.org)

- Community Profiles—Snapshots capturing the successes of and challenges facing cross-sector networks in their trauma-informed work.
- Shared Learnings—Brief articles on emerging cross-site themes, e.g., engaging the business sector, each with a related resources section.
- Brown Bag Series—A collection of short webinars led by experts on trauma-informed practice, early childhood adversity and resilience.

## the role of philanthropy

Philanthropic organizations can play a significant role in building cross-sector networks through three key functions: providing funding, championing the cause, and fostering collaboration.

### PROVIDING FUNDING

Building collaborative networks requires significant staff time, communication, and coordination. Yet most networks launch with key leaders and members volunteering their time for shared work. Financial support for the infrastructure to convene and coordinate cross-sector work is a key area where foundations can leverage impact. “People coming together as a network can act essentially as an organization, and you wouldn’t expect to have an organization without paid staff,” says Reidy. “And appropriate compensation is critical for supporting the workforce.”

Lieberman says that funding this work can be tough at times. “It’s more difficult to get the nice, neat outcomes you can from direct service. It has taken some out-of-the box thinkers to fund cross-sector networks, and we’re beginning to see the fruits of the collaborative work,” she explains.

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“The traditional grant cycle forces agencies and community groups to compete rather than collaborate and leverage existing programs and efforts as a resource.”

—Wendy Ellis, Building Community Resilience

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### CHAMPIONING THE CAUSE

Grantmakers can also serve as champions to amplify the work. “When funders speak, people listen,” says Lieberman. She adds that when funders work as partners with their grantees, each benefits from one another’s strengths and resources. Funders can play a champion role both in encouraging grantees to become trauma-informed and by influencing local decision-makers. Leveraging connections to powerful individuals, funders can help spread understanding of the value of trauma-informed practice on a systemic level. “Philanthropy has significant influence with local jurisdictions,” says Ellis. “Can philanthropy help to foster an understanding at our systems level to create time and space for this type of necessary collaboration?”

### FOSTERING COLLABORATION

Current funding structures can discourage service providers from making the time to build strong relationships across organizations and systems. Though funding can be a key role for philanthropy, it is not always the most important. BCR shied away from providing direct funding to their test sites in the early stages. Instead, philanthropic dollars supported the establishment of the collaborative center at GWU that provides technical assistance to the test sites. “The traditional grant cycle forces agencies and community groups to compete rather than collaborate and leverage existing programs and efforts as a resource,” says Ellis, “I’m not convinced that additional investment at the community level to develop new stand-alone programs has the most impact.”

BCR is funded to provide strategic guidance to help cross-sector networks better align existing programs and assets. In some cases these collaborations have led to innovative programs that may require new funding, but these programs are the sum of multiple partners and not from one single entity. Ellis states that a key tactic is helping members build collaboration and strategic planning into their existing work streams, as a means to drive long-term organizational and financial sustainability. Ellis adds, “Until we actually start to work in a more collaborative fashion and maximize what is already in place across sectors, it’s hard to identify where new investment is most needed.”

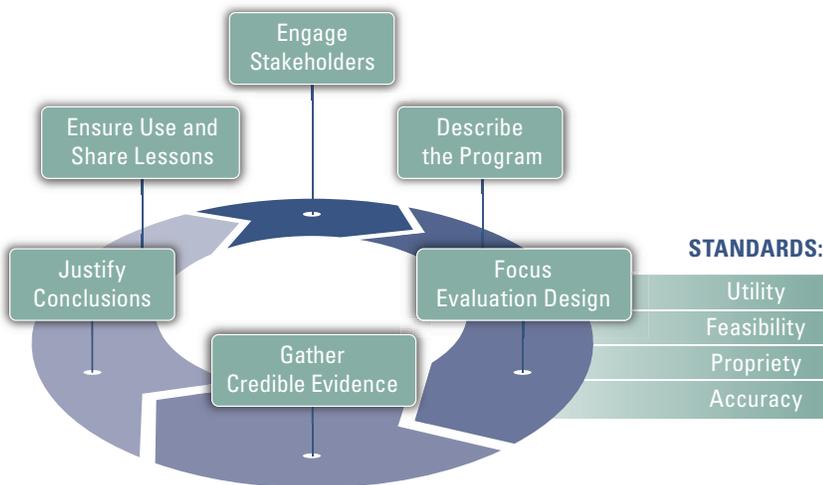
# 3

## PART THREE

# Building the field through evaluation

## why is evaluation important?

While science about the impact of ACEs and trauma is well-established, evidence for trauma-informed practice is still emerging. Most sectors are still identifying and building an evidence base to learn which trauma-informed and resiliency-building practices work for whom. Evaluation with an eye to building knowledge is critical at this stage. We must work in partnership with providers and participants to identify “active ingredients” of trauma-informed care within and across sectors.



Adapted from Centers for Disease Control and Prevention, *A Framework for Program Evaluation*<sup>7</sup>

# evaluating trauma-informed practice

Evaluation methods range in rigor and strategy. Building the field of trauma-informed practice necessitates a range of evaluation efforts across all sectors. Both qualitative (i.e. interviews, focus groups) and quantitative data (i.e. surveys, administrative data) will be valuable in determining how trauma-informed practices can improve program design and increase effectiveness. To date, the child welfare sector has likely seen the most advanced evidence in support of trauma-informed approaches. Programs in other sectors can take lessons learned about evaluation design and apply them to their work.

To build replicable models for trauma-informed care, each stage of program implementation should incorporate evaluation. Multiple types of evaluation will be necessary to understand in what settings and under what circumstances trauma-informed practice is effective.

To Assess the Question...	Use this of evaluation...	To measure...
<i>Is the program feasible?</i>	Formative	whether the elements of a program can be implemented
<i>Was the program implemented as intended?</i>	Process/ Implementation	how elements of the program are being implemented
<i>Is the program effective?</i>	Outcome	how the program affects the population it aims to serve
<i>Was there broad systems improvement?</i>	Impact	broad, larger scale effects of the program(s)

Adapted from Centers for Disease Control and Prevention, *Types of Evaluation*<sup>8</sup>

## LOOK TO THE LITERATURE:

# BUILDING CONSENSUS AROUND EMERGING PRACTICE

**“A trauma-informed approach [is] one that is ‘inclusive of’ trauma-specific interventions and ‘also incorporates key trauma principles into the organizational culture.’”**

In reviewing seven research-informed frameworks, three primary elements of a trauma-informed approach have been identified:

- » **workforce development** — training, addressing secondary traumatic stress
- » **trauma-focused services** — use of standardized screening measures and evidence-based practices
- » **organizational environment and practices** — safe physical environment, defined leadership, written policies, collaboration, service coordination

Hanson and Lang also recognize that a clear gap in the field remains.

“There is a need to reach some consensus on terminology with clearly defined core components that can be applied among myriad service systems, professionals, laypersons, and consumers. Importantly, this type of consensus could then spur more careful measurement of the core components and overall construct and thereby facilitate empirical evaluation of [trauma-informed care].”

From *A Critical Look At Trauma-Informed Care Among Agencies and Systems Serving Maltreated Youth and Their Families*<sup>9</sup>

# the role of philanthropy

Philanthropy can make a significant contribution to building the field by encouraging their grantees to measure process and outcomes while also providing resources for evaluation. Funders' resources and expertise can assist providers in designing and implementing program evaluations that accurately assess impact. Including academic or other consulting partners may be beneficial, but ultimately, organizations will need to sustain how they gather data to show impact and make continual improvements. Supports to build internal capacity can help organizations weave measurement and assessment into their culture and operations.

However, increasing pressure on nonprofits to show impact in order to raise funds has contributed to evaluation fatigue among community-based organizations. It is vital that funders communicate the learning and ongoing quality improvement functions of program evaluation. Evaluation must not be seen as punishment or as a method for funders to discipline or penalize their grantees. Ultimately, the role of evaluation must be to assess if, how, and why program inspires positive change for individuals, communities, and systems.

Philanthropic organizations should work in partnership with their grantees to develop evaluation plans, rather than impose predetermined measures. Nonprofits on-the-ground will be best able to help answer which outputs and outcomes are feasible and valuable. In particular, community-driven participatory evaluation should be prioritized, requiring that stakeholders impacted by the program be involved in the evaluation process.

Additionally, data gathered through evaluation efforts must always be shared with those who participated in evaluation activities such as surveys, focus groups, and key informant interviews. These data must be used to continually improve conditions — not just to show that a problem exists.

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United Way  
of Greater Philadelphia  
and Southern New Jersey



**United Way of Greater Philadelphia and Southern New Jersey** [www.UnitedForImpact.org](http://www.UnitedForImpact.org)

United Way of Greater Philadelphia and Southern New Jersey, serving communities in Pennsylvania's Chester, Delaware, Montgomery and Philadelphia counties, and New Jersey's Atlantic, Burlington, Camden, Cape May and Cumberland counties, is part of a national network of more than 1,300 locally governed organizations that work to create lasting positive changes in communities and in people's lives. United Way fights for the health, education and financial stability of every person in every community. In Greater Philadelphia and Southern New Jersey, United Way fights for youth success and family stability because we LIVE UNITED against intergenerational poverty.

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The Scattergood Foundation believes major disruption is needed to build a stronger, more effective, compassionate, and inclusive health care system — one that improves well-being and quality of life as much as it treats illness and disease. At the Foundation, we THINK, DO, and SUPPORT in order to establish a new paradigm for behavioral health which values the unique spark and basic dignity in every human.



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