

# Pathfinder Project: Baseline Systems Mapping Report

*June 2021*

by Ben Jane MSc PGCE, Anthony Goss BA, John Downey MSc, Dr Phil Brown



# Pathfinder Project – Preliminary Systems Mapping Report

A report delivered by The Plymouth Marjon University Pathfinder Team, June 2021

## Contents

Abstract.....	4
Background .....	4
Methods.....	4
Results.....	4
Summary Findings.....	4
Background .....	5
Introduction .....	5
References .....	6
Project Brief .....	7
Methods.....	8
Background .....	8
Methods.....	10
Project Outputs/Results.....	11
Stakeholder List.....	11
Stakeholder Mapping.....	14
Systems Mapping Learning Resource .....	15
Stakeholder Insight .....	16
Systems Mapping.....	31
Systems Map #1: Individuals and Organisations that surround the young person.....	31
Systems Map #2: Relationships between all elements of the system.....	32
Systems Map #3: Causal Loops Map.....	32
Findings (themes that emerged from the interviews).....	33
Further Reflections (systems mapping and beyond) .....	34
Related Resources & References .....	35
Systems Mapping Resources.....	35
Related publications: Trauma-informed approaches .....	35
Related publications: Trauma-informed approaches and PA.....	35
Related publications: Systems thinking and mapping .....	36
Related publications: Intervention Design.....	37
Appendix A: Examples of Related Systems Mapping Exercise Outputs.....	38
Appendix B: Principles of Trauma-Informed Care .....	39
Extract from Plymouth Trauma-Informed Network .....	39
Appendix C: Pathfinder Theory of Change.....	40

Theory of Change Graphic.....	41
Appendix D: Interview Guide .....	42
Appendix E: Adverse Childhood Experiences.....	43

# Abstract

## *Background*

Sport England has been exploring place-based project work across the UK and has explored whether, through the injection of focused support, local knowledge, skills and capacity can be developed to drive positive change in the system that surrounds and impacts upon a community's health & wellbeing. Plymouth Pathfinder is a 2-year programme that seeks to maximise the benefits that physical activity can bring to a cohort of children and young people in Plymouth. It is an initiative led by Plymouth City Council and Active Devon, and which Plymouth Marjon University are supporting as evaluation partners. The project hypothesis is that physical activity is a mediator to improved wellbeing, making people better able to tackle the issues they see as key to improving their lives, as well as bringing health gains through the physical activity itself. The programme will aim to link multiple systems across Plymouth and build on the evolving [Trauma-Informed Network](#).

The initial stage of this project requires the evaluation partners to, “to complete a ‘baseline’ study of the trauma-informed system in Plymouth and explore understandings of ‘trauma’ and ‘trauma-informed’ approaches.

## *Methods*

Presented with a list of potential stakeholders, we identified key roles and individuals to interview. We then completed a series of 45-60 min semi-structured interviews with each of ten stakeholders using these interviews to explore different methods of mapping stakeholders to help understand the “system” and identify appropriate levers of change that may exist in the system.

We developed a series of resources on the use of systems mapping and evaluation to help this element of the project to act as a springboard for further systems level work.

## *Results*

We produced several draft systems maps. We identified a number of themes and insights from the interviews. These are outlined in the report. Within all interviewees there was a consistent and knowledgeable understanding of what “trauma-informed” approaches involved.

## *Summary Findings*

- Trauma-Informed approaches were well understood by the interviewees; however, it was acknowledged that this is not the case with all those in “the system” and that the use of jargon can be problematic as it can slow down translation into practice and potentially mask real change.
- The existing database of service level stakeholders is an extensive resource and there are existing networks that offer opportunities for sharing information and connecting with key stakeholders.
- The range of work being undertaken in Plymouth, around trauma-informed thinking and special educational needs, is established and trauma-informed approaches are continuing to develop although in its early stages of awareness. There is however a gap in the rhetoric of trauma informed principles and the practical realities imposed by working practices and resource constraints.
- The support system that surrounds young people can be fragmented and not conducive to optimal “trauma-informed approaches”.
- The contribution of physical activity and sport in a trauma informed approach and special educational needs was agreed in principle by all participants. The active ingredient in these activities were the relationships with trusted adults.
- All interviewees stressed the need for sustainable approaches that can engage with the young people in question over an extended period and do not disappear once the funding has been taken away.
- While it is important for young people to be able to “tell their stories”, extreme caution should be exercised when asking people to re-tell their stories unnecessarily as this can be re-traumatising.

# Background

## *Introduction*

In the last few years, Sport England has been exploring place-based project work across the UK (United Kingdom) and in a smaller number of places, examining entire system change approaches. An extensive programme focussed on nurturing and developing leadership across the system, '[Navigating Local Systems](#)', has been part of this approach and has explored whether, through the injection of focused support local knowledge, skills and capacity can be developed to drive positive change in the system that surrounds and impacts upon a community's health & wellbeing.

Plymouth Pathfinder is such a project and is a 2-year programme (March 2021 onwards) that seeks to maximise the benefits that physical activity can bring to a cohort of children and young people in Plymouth. It is an initiative led by Plymouth City Council and Active Devon, and which Plymouth Marjon University are supporting as evaluation partners.

The project hypothesis is that physical activity is a mediator to improved wellbeing, making people better able to tackle the issues they see as key to improving their lives, as well as bringing health gains through the physical activity itself. The programme will aim to link multiple systems across Plymouth and build on the evolving [Trauma-Informed Network](#).

The project aims to work with up to three school systems, starting with secondary school age pupils, but also looking down the life course towards primary schools, nurseries, children's centres, and health visitor teams that work with the priority population (children with Adverse Childhood Experiences). It will look across the system to identify interactions with other services that the priority population might be having, e.g., Police, ASB teams, social care, and youth teams.

Most programmes have multiple stakeholders and recommendations for successful interventions stress the early identification and involvement of stakeholders (Preskill & Jones, 2009), a planned structure for stakeholder involvement, a planned evaluation strategy that is developed with multiple stakeholder input and the sharing of outcomes and evaluations with the relevant stakeholder groups (Bartholomew et al, 2016). Interventions such as this can be seen as systems within wider systems with structure and function that evolves over time. Initial evaluations such as this allow the project development team evaluators to understand how the program and its parts are embedded in a larger, interactive whole (Hawe, Shiell & Riley, 2009).

*"Within systems theory, leverage points exist. These are modifiable points within a system that, if altered, can lead to changes in how the system functions. Identification of leverage points is deemed critical for achieving meaningful change, and practitioners and policymakers should aim to identify and modify these points within their own systems (which may lie within larger systems)"*

Nobles et al, 2021

The initial stage of this project requires the evaluation partners to, "to complete a 'baseline' study of the trauma-informed system in Plymouth, to enable key stakeholders/organisations in the system to be invited into the Pathfinder approach." [[Active Devon evaluation briefing](#), 8th March 2021]. Additionally, this stage of the project would aim to engage with the key stakeholders and explore their understandings of 'trauma' and 'trauma-informed' approaches which partners bring to the work and map how these ideas and concepts interconnect. Opportunities to discuss key stakeholders' perceptions of the barriers and facilitators to success for such a project would also be useful at this early stage of project development. The initial evaluation will employ Participatory Systems Mapping (Barbrook-Johnson, & Penn, 2021) initially making use of qualitative interviews with key stakeholders to map out the system in the hope that areas for change (leverage points) can be identified and agreed upon.

## References

Barbrook-Johnson, P., & Penn, A. (2021). Participatory systems mapping for complex energy policy evaluation. *Evaluation*, 27(1), 57-79. <https://doi.org/10.1177%2F1356389020976153>

Bartholomew Eldredge, L. K. B., Markham, C. M., Kok, G., Ruiter, R. A., & Parcel, G. S. (2016). Planning health promotion programs: An intervention mapping approach. John Wiley & Sons.

Hawe, P., Shiell, A., & Riley, T. (2009). Theorising interventions as events in systems. *American journal of community psychology*, 43(3-4), 267-276. <https://doi.org/10.1007/s10464-009-9229-9>

Nobles, J. D., Radley, D., Mytton, O. T., & Whole Systems Obesity programme team. (2021). The Action Scales Model: A conceptual tool to identify key points for action within complex adaptive systems. *Perspectives in Public Health*, 17579139211006747. <https://doi.org/10.1177%2F17579139211006747>

Preskill, H., & Jones, N. (2009). A practical guide for engaging stakeholders in developing evaluation questions. Robert Wood Johnson Foundation.

# Project Brief

*Taken from "Request for quotation" from ActiveDevon/PCC received 8th March*

To complete a 'baseline' study of the trauma-informed system in Plymouth, to enable key stakeholders/organisations in the system to be invited into the Pathfinder approach.

## Tasks

1. Identify the key stakeholders across the Plymouth trauma-informed system: both organisations and individuals, with a particular focus on the first school/community system. - Including both referral partners, and delivery partners (and explore the distinction/overlap between the two) mapping how they connect to one another.
2. Explore the understandings of 'trauma' and 'trauma-informed' approaches which partners bring to the work and map how these ideas and concepts interconnect.

## Methods

- Desk Research
- Key interviews (e.g. Active Devon; Trauma-informed network leads; council services; school senior managers)

## Outputs

- System map of organisations and individuals comprising the trauma-informed support provision for young people across Plymouth (and specifically in the first school/community) - Recommendations for key individuals who should be invited into the Pathfinder work. -
- A second 'map' of the understandings of and specific approaches to trauma-informed practice that are at play across the Plymouth system.

## Background Documents

Envisioning Plymouth as a trauma-informed city <http://www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf>



# Methods

## Background

A systems perspective evaluation can help in three ways; it can help understand the problem better, identify levers of change and potentially be used to compare hypothetical scenarios (Egan et al, 2019).

There is no single way to approach a systems evaluation and there is a continuum of systems science applications from simple systems thinking, through to cognitive mapping and more complex system dynamics modeling. With this project being in its earliest stages, the approach to Systems Mapping covered in this initial report is located within the “Initial scoping” phase outlined in Figure 1 (from Bellew et al. 2020). This includes processes of initial data gathering and key stakeholder interviews, and the investigation of methods that could be used for continued modelling and analysis throughout the project.

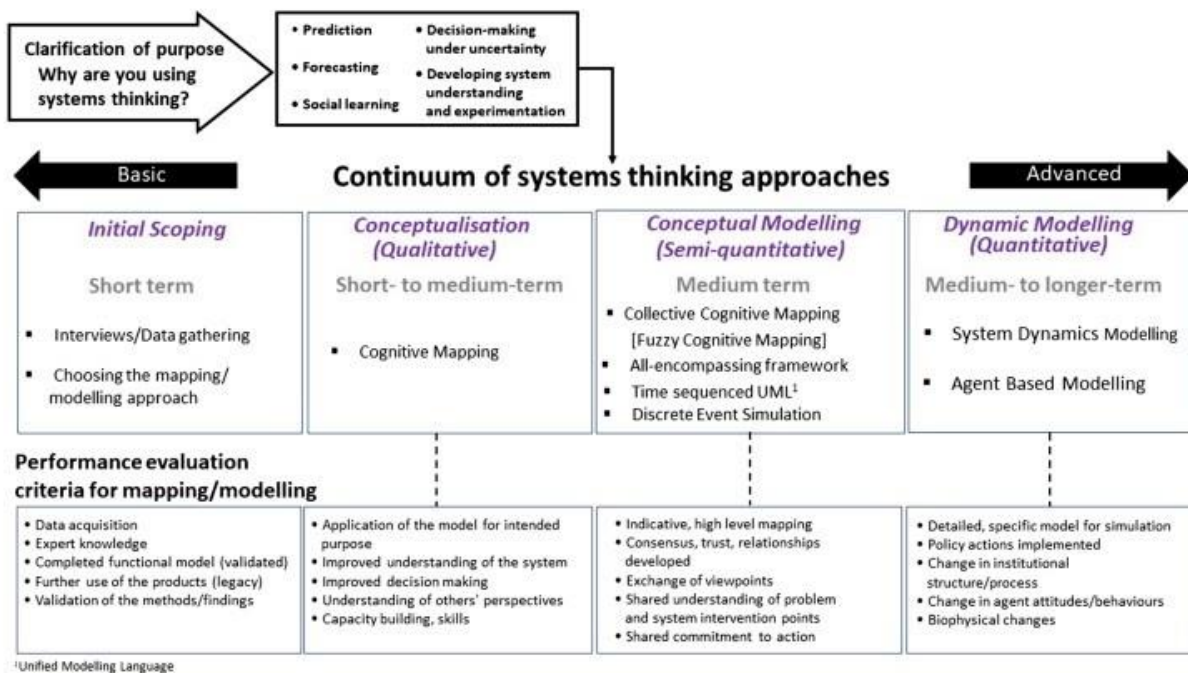


Figure 1: A continuum of systems mapping and modelling approaches from Bellew et al (2020)

The evaluation of any project is usually concerned with assessing the effectiveness of any given intervention and is traditionally focussed on an analysis of the outcomes and/or process of that intervention. In addition to this, evaluation processes can often be used to contribute to initial intervention design and ongoing improvement cycles by feeding back in to the project management process contributing insight and perspectives that would otherwise not be gathered.

Figure 2 below gives some context on how four different methods of systems evaluation can be utilised across the lifecycle of a public health intervention. In particular, it shows how systems mapping, and framing can be used at different stages of a projects lifespan.



Heuristic framework mapping systems methods against stages of evaluation.

Stages of evaluation	Aim	System mapping	Network analysis	System modelling	System framing
Theorising	Identify and compare stakeholder understandings of a complex system.	●			●
	Identify and compare stakeholder understandings of how a planned/hypothesised intervention might interact within a complex system.	●			●
Prediction (simulation)	Hypothesise and simulate how an intervention may impact on and interact with a complex system.			●	
	Hypothesise and simulate how agents within a complex system react and interact in response to an intervention.			●	
Process evaluation	Understand how an implemented intervention has impacts within a complex system in the real world, including impacts of variation in local context.	●	●	●	●
Impact evaluation	Quantify the impacts of an implemented intervention on key system parameters in the real world.		●		●
Further prediction (simulation)	Hypothesise and simulate how an intervention may impact on and interact with a complex system over a longer time horizon or in a different context.			●	
	Hypothesise and simulate how agents within a complex system might react and interact in response to an intervention over a longer time horizon or in a different context.			●	

Figure 2 from McGill et al (2021). <https://doi.org/10.1016/j.socscimed.2021.113697>

When engaging with stakeholders in systems evaluations one aim can be to think about, and identify, different types of actions, and the extent to which those actions may help leverage systems change. There are a number of ways of doing this but most recently Nobles et al. (2021) developed and published The Action Scales Model (ASM). The ASM is designed to help identify leverage points to intervene within a system and identify where there is greater potential for changing how the system functions. Levels include events, structures, goals and beliefs. Figure 3 below gives more detail on this model.

Table 4	
Questions which can be used to understand system functioning	
ASM level	Questions
Event	<ul style="list-style-type: none"> <li>(a) What issues or problems keep arising despite efforts to rectify them?</li> <li>(b) Where are intervention efforts targeted? Do they tend to focus on those that are affected by the problem?</li> <li>(c) Are the actions likely to stop the problem reoccurring in the future?</li> <li>(d) Do the actions seek to generate outcomes quickly and are they unlikely to be opposed by systems architects?</li> </ul>
Structures	<ul style="list-style-type: none"> <li>(a) What elements make up the system? Consider physical structures, people and organisations, interconnections and relationships, and information that flows between the elements of the system.</li> <li>(b) How are these elements organised or arranged?</li> <li>(c) Which of these elements cause the problems or events to occur? Also consider the connections between the elements.</li> <li>(d) What is the nature of the relationships between elements in the system? Do they self-regulate (i.e. one increases, the other decreases) or do they self-reinforce (i.e. one increases, the other increases)? How long does it take for these changes to occur?</li> <li>(e) Who has access to information about the system, and the elements within the system?</li> </ul>
Goals	<ul style="list-style-type: none"> <li>(a) What are the system/organisations/key individuals aiming to achieve within their spheres of influence?</li> <li>(b) What purpose do these systems/organisations/individuals hope to serve?</li> <li>(c) How are the system structures organised and why are they organised in this way?</li> <li>(d) Do the goals of multiple systems influencers overlap? To what extent could they be aligned?</li> <li>(e) Are the goals of the system currently supported by actions?</li> </ul>
Beliefs	<ul style="list-style-type: none"> <li>(a) What are the prevailing assumptions, beliefs and values that explain why things are done as they are?</li> <li>(b) Who (people and organisations) are the key decision makers within the system? What values, perspectives and priorities do they hold?</li> <li>(c) To what extent do these key decision makers believe that change is necessary, feasible and/or desirable?</li> <li>(d) What beliefs do these people and organisations hold regarding how the system works, and the goals that the system is working towards?</li> <li>(e) What is of fundamental importance to these people and/or organisations?</li> <li>(f) What are the beliefs of others who may be affected by systems change? Do they support or oppose the dominant belief within the system or the goals that it is working towards?</li> </ul>

ASM: Action Scales Model.

## Methods

As outlined in the project brief, the methods used were a combination of desk methods and stakeholder interviews.

- Presented with a list of potential key stakeholders, we spent time researching who else could be added to this list and asked all interviewees to identify key stakeholders who they felt were important for this project.
- We have then explored different methods of mapping those stakeholders to help understand the problem better and/or identify appropriate levers of change.
- We developed a series of resources on the use of systems mapping and evaluation to help this element of the project act as a springboard for further systems level work.
- We interviewed 10 key “professional” stakeholders in 45-60 minute semi-structured interviews that were transcribed and analysed.

### Interview Method

Interviews with key stakeholders were conducted using semi-structured interviews that were scaffolded with an interview guide developed in consultation with ActiveDevon, within the constraints and aims of the project brief and in line with relevant guidance such as that in the Action Scales Model (Nobles et al, 2021). See Appendix D for the Interview Guide. Semi-structured interviews allowed researchers to address the core research questions whilst allowing flexibility to probe and follow-up on emerging themes or deepen or clarify meaning.

Immediately after the interview, field notes were made, and interviews were transcribed. Transcriptions of the interviews were then reviewed by the interviewer and at least one other member of the team and initial analysis was made identifying preliminary themes in the conversations. Themes were chosen by looking across all interviews and picking out recurring themes or conflicting views. Some themes may not have recurred across more than one interview but were included if deemed relevant.

These interviews were designed to surface insight and understanding of the existing trauma-informed and SEN landscape in Plymouth. We asked all interviewees 5 core questions with a series of pre-planned follow up questions (See Interview Guide in Appendix D).

1. Can you please describe your role as it related to supporting children with traumatic experiences?
2. What do you think a “trauma-informed” systems approach means?
3. What facilitators do you think there would need to be to create a “trauma-informed” approach in Plymouth?
4. What do you think the barriers could be to developing a trauma-informed approach to supporting children in Plymouth?
5. What do you think should be the main priority to improve successful outcomes for children with adverse childhood experiences?

The questions were designed to elicit understanding but also explore where these stakeholders had important insights to an effective ‘trauma system’ and connections to other stakeholders to understand the potential levers for change that may exist. Thematic analysis was undertaken within interviews and across interviews to draw out common themes. This commissioned project adhered to best practice standards in research projects and therefore Plymouth Marjon University ethical guidance was followed, and full ethical clearance was given by the University’s ethics panel. All participants were contacted by email in advance of interviews and were provided with Participant Information Sheets and Consent Forms. In line with the ethical protocols, all contributors to the interviewees will remain anonymous in this report but we use job roles to add context to their perspectives on the ‘trauma system’.

## Project Outputs/Results

The task was to complete a 'baseline' study of the trauma-informed system in Plymouth, to enable key stakeholders/organisations in the system to be invited into the Pathfinder approach. There were two interrelated aspects to this.

1. Identify the key stakeholders across the Plymouth trauma-informed system: both organisations and individuals, with a particular focus on the first school/community system. -Including both referral partners, and delivery partners (and explore the distinction/overlap between the two) mapping how they connect to one another.
2. Explore the understandings of 'trauma' and 'trauma-informed' approaches which partners bring to the work and map how these ideas and concepts interconnect.

The first section below identifies the key stakeholders who were identified through this process. The second aspect to this is mapping the stakeholders and their relationships.

### *Stakeholder List*

One of the key tasks was to revisit and develop the stakeholder list already held by ActiveDevon. When key stakeholders were questioned on who would be most important for this project to speak to, there were few names and roles that were not already on this list suggesting that the re-engagement with those on the list is perhaps more important than developing the list further.

<b>Stakeholder/Partner</b>	<b>Organisation/Role</b>
Alan Stockdale	Special Olympics Head Coach
Alex Wallace	Education Caseworker for Post 16 Looked after Children
Alison Botham	Director for Children's Services
Andrew Binding	Public Health Consultant?
Andrew Darnton	Revaluation
Andrew Harrison	Revaluation
Andy Smith, Insp.	Inspector - D&C Police
Andy Rants	Live Wire in Saltash
Anna Clooke	Head - Plymouth SSP
Anna Moss	Harbour Centre (Trauma Informed Network & trainer)
Annette Codner	SLE for PE at Marine Academy Primary
Barry Mountstevens	Sports Development Unit
Barry Sellers	YMCA Honicknowle
Barry Sullivan, Dr.	Educational Psychologist, Education, Participation and Skills
Ben Jane	Senior Lecturer, School of Sport, Health and Wellbeing
Carina Miles	Integration & Participation Worker, Kooth
Carol Harman	Senior Public Health Analyst
Charlotte Brew	Octopus Project
Chris Watmore	Head of PE, Marine Academy Plymouth
Christine Trumfield	Performance, Policy & Data Manager - Plymouth Excellence Cluster
Clare Evans	Rethink
Clare Osborne	Diabetes Nursing Team, Plymouth Hospitals NHS Trust
Dan Hart	Social Inclusion Manager, Argyle Community Trust
Dan Pengelly	Co-founder, Plymouth Sports Charity
Dave Schwartz	Public Health Consultant ?
David Feindouno	Founder, Plymouth Hope
Dean Blagdon	Health Improvement Practitioner, Livewell South West
Debs Dyer	P.A. to Dr. Ruth Harrell
Dwain Morgan	Business and Impact Manager, Argyle Community Trust

Emma Crowther	Strategic Commissioning Manager
Gateway Team	Childrens Disability Social Care
Graham Helmet	Streetgames
Greg Price	Health Improvement Manager, Livewell South West
Guy Westwood	Facilities Team, Plymouth Life Centre
Hannah Harris	Chief Executive Officer at Plymouth Culture
Hannah Williams	Development Officer, Customer Services
Helen Blackler	Child Centred Police Officer
Ian Taylor	Youth Offending Team
Imogen Potter	Capacity Building Manager, POP+
Isabelle Morgan	Inclusion Manager (Home Education Team)
Jan Potter	Head of Wellbeing, Livewell South West
Jane Anstis	Head of Service for CSW, Participation and Fostering
Janet Greaves-Stocker	Commissioning Officer Services for CYP
Jayne Archer	Integration and participation worker, Kooth
Jayne Blood	CAMHS Service Manager, Livewell Southwest
Jemma Sharman	Green Minds Programme Manager
Jenny Bristow, Super.	Superintendent - D&C Police
Jenny Way	Youth Worker, Plymouth Youth Service
Jess Land	Midwife, Plymouth Hospitals NHS Trust
Jim Woffenden	Transport Planning Officer, PCC
Jo Colin	Strategic Relationships Director, Active Devon
Jo Siney	Head of SEN, Disability & Inclusion
Jodie Frost	Progeny Lead, The Zone
Johanna Spooner	Midwife, Plymouth Hospitals NHS Trust
John Downey	Lecturer, School of Sport, Health and Wellbeing
Jordan Dale	Head of PE, The ACE School
Jules M'Hand	D&C Police
Julie Frier	Public Health Consultant
June Gamble	Coordinating Producer, Plymouth Dance
Kadus Smith	PL Kicks, Argyle Community Trust
Karen Jones	Programmes Manager, Active Devon
Katie Jane	Special Educational Needs Co-ordinator, Manadon Primary School
Karlina Hall	Commissioning Officer, CYP
Kirsty Lambert	Health & Welfare, ACE School
Laura Maker	Team Leader, Shared Lives SW
Laura Sculpher	Projects Officer, Active Devon
Lisa Hartley	Director of Plymouth Excellence Cluster
Linda Trebilcock	Deputy Head of CYP and Family Service, Livewell SW
Liz Hampton	Senior Educational Psychologist, E.P.S.
Liz Cole	Green Minds Projects Officer
Liz Slater	Leisure Partnership Manager
Louis Kennedy	Personal Trainer
Louise Kelley	Sports Development Unit Manager
Lynn Neville	Office Manager, Devon Mind
Mags Davies	CEO, The Eddystone Trust
Majik	Founder, Plymouth Parkour
Mark Bignell	CEO Hamoaze House
Mark Lovell	Head of Community, Argyle Community Trust
Mark Rowles	Four Greens Community Trust
Martin Newman	Company Secretary, Plymouth Highbury Trust
Michael House	Healthy Child Leadership Associate - Education, Participation and Skills
Mike Brooks	Area Manager - Streetgames

Mike Jarman	CEO - The Zone
Ming Zhang	Director of Education, PCC
Moira Maconachie	Public Health Consultant ?
Nicolle Gallagher	Youth Worker, Plymouth Youth Service
Patricia Smith	Action for Children - Children's centres
Pippa St John Cooper	Community Manager, Whitley
Phil Bees	Procurement Department, PCC
Phil Brown, Dr.	Senior Lecturer School of Sport, Health and Wellbeing
Rachel Silcock	Commissioning Officer, PCC
Richard Mollard	Joint Owner, Plymouth Raiders
Richard Woodfield	Corporate Information Manager, PCC
Richard Marsh	Barefoot Youth Project
Rishi Bates	Youth Service Manager, PCC
Rob Nelder	Public Health Consultant
Rosemary Starr	Transport Smarter Choices Manager, PCC
Ruth Harrell, Dr.	Director of Public Health, PCC
Sam Waites	Activities Manager, Mountbatten Centre
Sara Jordan	Headteacher, Brook Green Centre for Learning
Sara Kirkup	Children's Professional Lead, Livewell Southwest
Sarah Goddard	Deputy Head of CYP and Families Service, Livewell Southwest
Sarah Harris	Senior Professional Youth Worker, PCC
Sarah-Jane Trubody	Children's Services Manager, Barnardo's
Saul Bloxham, Dr.	Director, School of Sport, Health and Wellbeing
Shelley Shaw	Development & Impact Manager, NSPCC
Simon Ellis	Fitness Specialist
Simon Hardwick, Insp.	Inspector - D&C Police
Simon Hoad	Public Health Consultant ?
Simon Kelly	Safeguarding Lead, Stoke Damerell Community College
Simon Mower	Headteacher, Virtual School
Stuart Hogg	Participation Manager, Academy of Social Work
Stuart Jones	Sports Club Network coordinator, POP+
Tim Tod	Director, Red 22
Toby Gorniack	Founder, Street Factory
Tors Froud	Programme Manager, Making Waves Together
Tracy Clasby	Head of CYP and Families Services, Livewell Southwest
Tracey Watkinson	Manager - Plymouth Safeguarding Children Board
Wayne Kirby	Practice Manager (Adolescent Support Team)
Zoe Masters	Education Consultant, Virtual School Team
Zoe Sydenham	Natural Infrastructure Projects and Partnerships Manager

## Stakeholder Mapping

There are many ways of managing a stakeholder list and thinking about systems from a stakeholder point of view. One such method is to categorize people and roles and the table below is a first attempt at doing this. Within the same method of coding, we started to use two methods of coding participants. It is presented as an idea that would need further work should it be seen as useful in the next phase.

### Coding #1: The role that stakeholders can play in this project

Codes – Wider Insight, Referral, Local Support, Intervention Development/Evaluation

### Coding #2: Locations, fields, roles

Codes – SEN, Sport, Law Enforcement, Health, Drugs, Mental Health, Facilities

Clare Osborne	OPEN	Diabetes Nursing Team, Plymouth Hospitals NHS Trust	Health
Dan Hart		Social Inclusion Manager, Argyle Community Trust	Sport Physical Activity
Dan Pengelly		Co-founder, Plymouth Sports Charity	Sport
Dave Schwartz		Public Health Consultant ?	Public Health
David Feindouno		Founder, Plymouth Hope	
Dean Blagdon		Health Improvement Practitioner, Livewell South West	Health Physical Activity
Debs Dyer		P.A. to Dr. Ruth Harrell	Wider Support
Dwain Morgan		Social Inclusion Manager, Argyle Community Trust	Sport Physical Activity
Emma Crowther		Strategic Commissioning Manager	
Gateway Team		Childrens Disability Social Care	Social Care
Graham Helm		Streetgames	Sport
Greg Price		Health Improvement Manager, Livewell South West	Health
Guy Westwood		Facilities Team, Plymouth Life Centre	Physical Activity Sport Wider Support Facilities
Hannah Harris		Chief Executive Officer at Plymouth Culture	Arts
Clare Osborne		Diabetes Nursing Team, Plymouth Hospitals NHS Trust	Health
Dan Hart		Social Inclusion Manager, Argyle Community Trust	Sport Physical Activity
Dan Pengelly		Co-founder, Plymouth Sports Charity	Sport
Dave Schwartz		Public Health Consultant ?	Public Health
David Feindouno		Founder, Plymouth Hope	
Dean Blagdon		Health Improvement Practitioner, Livewell South West	Health Physical Activity
Debs Dyer		P.A. to Dr. Ruth Harrell	Wider Support
Dwain Morgan		Social Inclusion Manager, Argyle Community Trust	Sport Physical Activity
Emma Crowther		Strategic Commissioning Manager	
Gateway Team		Childrens Disability Social Care	Social Care
Graham Helm		Streetgames	Sport
Greg Price		Health Improvement Manager, Livewell South West	Health
Guy Westwood		Facilities Team, Plymouth Life Centre	Physical Activity Sport Wider Support Facilities
Hannah Harris		Chief Executive Officer at Plymouth Culture	Arts





## Stakeholder Insight

Interviews with key stakeholders were conducted using semi-structured interviews that were scaffolded with an interview guide developed in consultation with ActiveDevon, within the constraints and aims of the project brief and in line with relevant guidance such as that in the Action Scales Model (Nobles et al, 2021). See Appendix D for the Interview Guide.

The sections below outline some of the common themes and give examples of how these were communicated.

### Stakeholders understanding of 'trauma' and 'trauma informed approaches': values, statements, and practice at individual and organisational levels.

The stakeholders that were interviewed as part of this processes all brought slightly nuanced understanding of 'trauma' or 'trauma informed approaches.' This group of interviewees were aware of the core principles that underpinned this approach to working with and supporting young people.

There was a collective understanding of the need to be child-centered, to understand the child first and recognise the 'why' behind the young person's behavior. For some professional groups this has always been a core strategy, where for others this has been a change of approach and practice.

"The person that you're regarding as a problem may well be a victim or probably is the victim in some shape or form".

Youth Service Manager #2

"Understand and appreciate the child is a child first and foremost, a child [who has] experienced ACE's, second. A criminal, third, it was about a kind of change culture, and support network around the child to make sure that actually we're understanding [that the] child has been exposed with childhood experiences".

Community Sport Manager

"Recognise...that some of this stuff that previously would have been...labeled...that child's being naughty ...there's something going on behind the behavior, and what's the actual need...and is criminal justice the right the right place for that young person to sit...not so as much as trying to be a bit more nuanced in policing".

Senior Police Officer

"Once you have [a] trauma informed understanding, you then ...look behind the person...and you're asking yourself why, why did they commit that crime, why did they find themselves in that situation. And so many times it's not of their making".

Regional Sport Development Officer

"Because you [have] a bad background that doesn't excuse your behavior, we'll just excuse it and we do have high expectations but we need to still factor in why that child might feel like that, or where they might be presenting".

Educational Psychologist

“Building those relationships and having a better understanding of what causes a trauma. The kind of science behind it in terms of the fight and flight kind of mechanisms and how we as staff, deal with that we then kind of look into giving them support and the opportunity to recover behaviour as from a school perspective, from a pastoral perspective [it’s] about giving them a nurturing and supportive adult that they can go in and relate to and be with”

Pastoral Manger

“Fundamental shift about the way the way that our services, whether it be policing, health, whatever, are not necessarily set up to help people in the right way because they’re not up to be for that person, they’re set up to do X, Y and [do] things to that person, or, for that person, but not actually...with them, so it’s, it’s that fundamental culture shift and is about embedding...empathy...judgment...removing blame from those systems”.

Senior Police Officer

**There was recognition that there was some relatively new language associated with ‘trauma informed approaches’ but in some professional circles this was adding a new lexicon to existing practices. There was a call to reduce the jargon as much as possible to make the whole process easier to understand**

“Obviously trauma informed or child centered approaches are kind of the flavor of the month at the moment everybody seems to be talking in that language”.

Community Sport Manager

“Trauma informed is just another fancy word that’s kicking around at the moment [that] nobody’s going to really take any notice of until they’ve experienced what that actually is”.

Youth Service Manager

“Jargon gets in the way. That’s the basic problem I think...needs to be...trauma informed... and then [a] strapline to it just explains exactly what you mean in a few words. And then for me...it’s a bit like the NSPCC thing because I do keep mentioning this to them openly in meetings, if you work in a community like Ernesettle or any community for that matter, and you want to engage the community don’t use jargon”.

Youth Service Manager #2

“It’s only been around for two or three years, right, so that is almost this whole kind of like crackdown on poor behaviour has only been in the last two or three years. Yeah, so now we’ve got this kind of like ‘now we need to be trauma informed’; how do they...they’re always going to have to change their whole behaviour policy to...fit that.”

Pastoral Manager

## The Referral Process in a 'trauma system'

Many of the interviewees highlighted the importance of considering how participants are identified and signposted towards any intervention.

There was concern about existing systems that contribute to a wider 'trauma informed system' and how young people experience the wider contexts of statutory provision, inconsistent or conflicting support, with no clear integrated trauma pathway or clarity on each individual professional role. Long established systems, approaches, and policies are rigid which can make dealing with individuals problematic. There was also concern expressed about the need for everyone to be "on the same page" with referrals.

"When you're working with a young person who's 18 [and] gone through the school system [and] can't read or write and try to support ....has alcohol dependent parents at home, doesn't live at home...has been safe [with] certain friends for a few years, you try and engage with them, it's too late...the system...social service won't really pick them up because of...their age....we've got thresholds, and we still have hard targets that are being met within the organisation"

Youth Service Manager

"I think we have always tried to get schools to identify to us children who have had traumatic experiences...and how...so that we can help them to identify how that might relate to their experiences in school, but I think as more schools are becoming aware themselves of the impact of trauma in early childhood, they...they are then bringing those children to us for discussion".

Educational Psychologist

"So I would say, it comes down to behaviour policies within the schools, they are quite strict...rigid...there's no movement room so .... it is very draconian in, in the way that if their child doesn't comply, then they're gonna have to, you know, then the sanctions, sanctions, sanctions...right...whereas...in a trauma informed way about how do I get them to recover that behaviour."

Pastoral Manager

## Clarity was sought on a referral process and for those who are to 'receive' referrals from other professional groups and providers being able to self-refer.

"Think the referral pathway is essential, buy in from the referrers, so they understand the benefits of them referring, and the part that physical activity can play".

Regional Sport Development Officer

"We can self refer into the system like an early intervention. I suppose the referral pathways is two pronged you know self referral based on our existing community relationships and referral just coming straight from youth offending.

Community Sport Manager

## There was an identified need for distinction between young people who have suffered trauma and those who had Special Educational needs

“I would be really cautious with putting children with special needs in that trauma group or that group of children, because I don't think all children with special needs have had a trauma, or an adverse childhood experience”.

Primary SEN Co-ordinator

## Empowering Relationships

Multiple stakeholders highlighted the importance of building good relationships with the young people and their families. The young people should be at the heart of the intervention and its design should be built on the firm foundations of good relationships with others.

The importance of this element was highlighted as a key ingredient for engaging those with a trauma history. Relationships should trump everything and should not be used as a reward. Relationships should provide a reliable, relatable, non-judgmental, guiding hand by an appropriate adult.

“I think it's more about relationships. So these children can be repaired, if they have really positive relationships .... you know the protective factor to really listen is about their relationships around them.... relationship needs to be there with the parent too, in terms of that trust and ... I can't explain how easy it just needs to be for parents.

Primary SEN Co-ordinator

“So, it's about. It's just having that easy relationship, talk to and share this stuff which can seem inconsequential at times”.

Youth Service Manager

“Is it the child we need to empower, so they understand, regardless of where they are any time of day there is always someone there to help, visit the, you know, is it the primary caregiver”.

Regional Sport Development Officer

“By building relationships and not giving up, but actually being there for her, and dealing with the lows and the highs, together, we were able to, it sounds a bit awful but we're able to keep her alive.”

Pastoral Manager

## Whole family support and inter-generational emphasis

Multiple stakeholders stress the need to consider the whole family as this will create more of a buy-in into an intervention. A trauma informed approach must be holistic and consider that the child lives in the context of the wider family. Therefore, a broader lens to consider the ingrained and cross generational beliefs is fundamental for sustainable change is to be achieved.

“It's got to be whole family approaches rather than just one child particular age group because lots of these people won't have a car so dropping and picking people it's easy to do, have everybody in one go”

Primary SEN Co-ordinator

“And it can be quite multi-generational so it's, like, it's not just, it's what's happened to them, their children and what their grandparents and how, you know, so it is quite deep”

Senior Police Officer

“I think they need a better exposure to, again, it might come back to that how their family perceived services, but they need to almost see the good side of the services. So a better relationship with police...”

Pastoral Manager

It was noted that families may feel *'shame'* and practices must avoid stigmatization or create barriers when trying to support families. This relates to 'not making the situation worse' by having stories and experiences retold and relived. These children, these families are from deprived areas in Plymouth and may feel embarrassed about their situation.

“We've got to be really cautious about our language that we use so that parents feel that there isn't that shame there. Lots of these, you know, families are living in deprivation, so...even a bus fare somewhere is quite expensive within our city”.

Primary SEN Co-ordinator

## Resilience

Resilience was mentioned by some interviewees, and it was suggested as an area that would have a positive impact on the health & wellbeing of the young people in question.

"Resilience has been defined as “a dynamic process encompassing positive adaptation within the context of significant adversity. “Resilience” is not a personal trait that individuals do or do not possess (thus, the term “resiliency” is best avoided because it connotes an individual characteristic), but rather a product of interacting factors—biological, psychological, social, and cultural—that determine how a child responds to traumatic events.”

Bartlett, J. D., & Steber, K. (2019)

“Because I think that that's where you could make a big difference as well is, it's giving them interests and hobbies that will give them resilience, and so even if you can't take away what's happened to them or what their needs are”

Educational Psychologist

“[A] big buzzword for me is resilience, you know, it is about increasing resilience and whatever that looks like to that individual child, and physical activity and sport isn't on everybody's agenda so the power of physical activity and sport, and it's how we raise awareness I think of the potential”.

Regional Sport Development Officer

## Consistency between child and adult to build relationship.

There were multiple examples where interviewees identified the need to build a trauma informed approach with existing adults the child already worked with or had a trusting relationship with. This would help the young people to interact with these adults in already familiar settings.

“No one really gets to the heart of the problem, which obviously is the trauma, in all likelihood, and what I think a lot of these kids who've just cried out for is that one relationship someone they can get to know who they can fully. And then, you know, confide in or hopefully, but certainly in terms of their well-being and their stability, I think that's really important”.

Youth Service Manager #2

“Actually it's the people that are already involved with the child that can do most of the therapeutic work”.

Educational Psychologist

“Involving Special Needs Coordinators is a good way to link people within a school because they would know the children”.

Primary SEN Co-ordinator

“Key things as well as that familiarity of characteristics and that safe space to be so they can go and discuss, rather than a ‘one stop shop’ that might be in town that you have to catch a bus to go speak to a stranger between the Perspex glass”.

Youth Service Manager

## Existing relationships do not require young people to keep ‘re-telling’ their story or re-living their traumas.

Linked to the need to have trusting relationships, several contributors specifically said that any new intervention should avoid making the situation (the trauma) worse for the individual. Having to tell any aspects of their own personal stories to yet another person can be re-traumatising. Investing trust in yet another adult who may then not be able to sustain that level of trust for a long enough period was also cited as a potential danger (see section on sustainability).

“It's painful memory, every time you do that [repeat the story], ... you give away a piece of yourself but you're having to relive it as well”.

LA Commissioner of Services for Young people

“Now at the moment in regards to trauma informed approach. We're trying to capture ways and means of getting their story once and recording that there doesn't have to be repetition across services”.

Youth Service Manager

“Do not traumise them! How we deliver our services and how we intervene with families and how we see that retraumise them and basically use an approach that you would want to be used on you. So, treat people how you would want to be treated, if you were coming into the services and I don't think necessarily that people are necessarily good at that”.

LA Commissioner of Services for Young people

“I do worry that sometimes when we start talking about trauma informed, it goes down a route of that we are recording every time someone who is traumatized, what they're traumatized by, how they've been traumatized, how it affects them, and if we do that at every point, we run the risk of actually just re-traumatizing those people and not allowing them to fully, ... if you've not got any reason behind asking it at that point in the contact or that point in the delivery, then why are we asking it”.

LA Commissioner of Services for Young people

Practices were identified as not necessarily aligning with a trauma informed approach. There is a need for all organisational staff to have a greater level of understanding of trauma informed approaches and to understand what the child and their families are going through. If this is not available, then inadvertently this could make the situation worse.

“We routinely see schools and settings, expecting children to be immaculately behaved, if they can't sit still, or they're a little bit flighty, or, you know and what we do is we still have a culture that says, you know, we exclude those children we send them out of the room for being disruptive, rather than saying, actually they need some sensory integration”.

Senior Police Officer

“A person that you need to champion for that student to go to. But sometimes, even in our school. People block that because they think that it's a reward as opposed to [be] seen as a measure to combat behaviour. ‘Why are you having a cup of tea with that kid?’ He just needs to calm down so that he can go back to lesson’, [this] show[s] a slipping back away from trauma informed [practice]”.

Pastoral Manager



## Intervention Approach.

Interview participants offered lots of insight into the approach to intervention practice through their existing work. Issues of access, workforce capability, system capacity, whole family support (intergenerational), using local facilities and sustainability were discussed.

Interviewees highlighted the need to avoid making assumptions of how young people want to be supported, and the need for the workforce to apply trauma informed approaches in practice. Developing these practices takes time.

“Do you think you make these sort of judgments you think that, for example, young people will want all their support online all their support remotely, all their support video and because you know they spend their life on social media on their phones and all that stuff and you make all these assumptions and then when you actually start to open up (...) you realize that actually young people are kind of sick of it [online support]”.

LA Commissioner of Services for Young people

“They want to have the meaningful interactions and I kind of understand that really because you know I want to have a meeting in a room with people with this is on the table as well. You know, to have those kinds of interactions together rather than sitting in the same place, [with] back to back virtual meetings like most of my days been like this”.

LA Commissioner of Services for Young people

“[If] you want to change people then you've got to invest in the people...you can't tell somebody to go out and about say 'right we're [the organization are] trauma informed' ...it's got to be experiential...[it needs to be] more structural to have that impact on the cultural environment that we exist within”.

Youth Service Manager

“So the language we use is very much seen children through that trauma informed lens which and that's much more person centered, much less judgmental, much more working with them rather than a bit of a war against families so yeah such so you could use for us that child centered describes a thing but the underpinning of it is methodology”.

Senior Police Officer

“I think needs to be free at the point of access, because I think the groups that we're talking about are often the most deprived, in terms of financially deprived groups and excluded”.

LA Commissioner of Services for Young people

“They're not, they're not perfect children and they have a lot of issues and, [staff working with them] probably didn't necessarily sign up for that. So there is quite a lot of additional training that needs to happen and a lot of commitment to get it to that, that stage”.

Community Sport Manager

## Intervention capacity and sustainability

Interviewees highlighted challenges with the system capacity. As a consequence of the small-scale work to date there was some positivity regarding manageable small-scale practice change.

Interviewed participants highlighted their fears around temporary and short-term interventions where funding was made available but was time-limited. Project sustainability and the extent to which young people experienced positive change and valued the intervention was considered, alongside the fears of removing this support if external funding was removed.

“I think in terms of numbers, you need to start small with hardly any children, because you will have the biggest impact. If you have a high ratio of adults to children. And most of these children wouldn't have been to sports clubs outside of school”.

Primary SEN Co-ordinator

“So I think Plymouth, I think we'd be in a grass roots ground up movement has really helped us because we've, we've sort of, we've sort of infiltrated lots of places so there's lots of people having the conversation at lots of different levels”.

Senior Police Officer

“... the feedback from young people themselves saying, as a result of x, y has happened, you know, whether it be their, you know, their emotional well-being, whether it be, you know their mental health, whether it be they just feel physically fit, whether it's they made new mate”.

Senior Police Officer

“It's great to offer six weeks of sport or something but actually that's not going to fix anything. That's just going to fill six weeks of time for that child”.

Primary SEN Co-ordinator

## Intervention access and accessibility: The need to be local and connect with the mainstream.

There was recognition that the interventions need to be extremely local to be as accessible as possible. School would be a good location as it is already familiar, accessible, and safe. Engaging with existing community sports organisations and clubs will support exit routes and sustainability.

“Coming into schools can be useful as well so if you had some, like a hub where you run it, because schools feel safe and familiar to people, and if they're already getting their child to school, that means they already can get to that location. Though that is easy for them to get to. And of course, most schools have got sports facilities”

Primary SEN Co-ordinator

“The number of households in Plymouth, [which are] without a car or a van is really really high. So that's why we try and make activities really hyperlocal to where the children live”.

Regional Sport Development Officer

“I think, sports clubs are genuinely great and all the research shows that they can be the relationship that makes a difference to a young person, (...) just having a place to go where they can be with some friends and do some physical and have supportive adults, all of that's brilliant. I think providing the relationship bit is, is it's almost like you want those sports clubs who understand, actually [trauma informed practices], the sport is secondary to the relationship, the relationship is the main thing, you know, whether it be peers teammates, you know, parents, and so on”.

Senior Police Officer

“If you can find those things that don't cost a lot of money, or are completely free but you can encourage the adults around the young person to, to kind of do that mentoring with them. There is a big capacity for change, without, without us having to use the excuse, well there's no money so we don't do anything about children's social, emotional, mental health difficulties we can”.

Educational Psychologist

### Accessing open spaces and facilities. Making the most of the Plymouth's physical environment and provision.

Accessible open spaces and places for young people were acknowledged as an issue. There was a perception of a lack of facilities for teenagers. There was an acknowledgement from several stakeholders that Plymouth has some good open spaces including the waterfront that could be more accessible to young people and better utilised for interventions.

It was highlighted that stakeholders may have differing perceptions with regards to 'appropriate' and 'inappropriate' use of open spaces by young people. Stakeholders highlighted examples of the stigmatization of young people in open spaces and a perception that there was not enough consideration for young people when planning improvements to the physical environment such as the Hoe foreshore to offer multi-generational use of Plymouth's physical assets.

“We've done projects with young people before looking at doing bike trails in the woods. The Council [say] can't do that because of bylaws, you're not allowed to support them doing activities. ...[Developers] build an apartment and we end up with a little play park [not facilities for teenagers], and then you know the little play park 'kicks off' the neighbour's, going ... 'bloody teenagers now they're drinking and smoking”.

Youth Service Manager

“Invested in football pitches, brilliant, then the thing is football pitches are good, but the same time, why, why can we diversify our green spaces, you know, we've got skating, we've got bikes, we've got parkour, we've got different activities that we should be accommodating for facilitating”.

Youth Service Manager

“The same with the subways that we used to have in the city centre, you know, we had a skateboarder knock over (...) an old woman, and she's hospitalised and there's like, no skating in the city centre”

Youth Service Manager

“We know that lots of children struggle to regulate, they struggle to regulate because they are living from that fight, flight, freeze brain, all of the time, what helps them to regulate is things that, you know, give them that sensory over stimulation or suppression, either, you know, gives them that outlet so they can burn off the energy or it helps them relax and calm down as a result of the exercise”.

Senior Police Officer

“Physical geographical access...particularly an issue in Ernesettle becomes a very isolated community, considering it's part of the city it's very much on the edge with only two roads in and out, but it applies equally to a lot of the fringe areas in the city...affordability”

Youth Service Manager #2

“Incentives like a bus, a free bus pass for the summer or motion to the life centre to go swimming, you know, just something that could be like an active thing to allow them to do”.

Primary SEN Co-ordinator

“Well, the chances are if it's summer, there'll be no [football] goals up. They are, they'll be rusty is down and probably dangerous, and you'll be skipping dogshit you know is not really that conducive to people wanting to do [sport or physical activity]”.

Senior Police Officer

“One of the things to Victoria parks interested in, they've got, I think they call them MUGAs [Multi-Use Games Areas] don't they, (...) it's basically got a cage, (...) what's really clever about it is it's basically damage proof”.

Senior Police Officer

### **Stakeholders identified how the planning for young people within the physical environment caused frustrations to young people and those who are supporting them**

“I do think [in] the city we do miss opportunities around the water, so I do think you know we've always laugh at the fact that we tend to get reports, children dive into [the water] this time of year as ‘anti-social behavior’, when actually the reality is it's social!”.

,Senior Police Officer

“They put a statue right by where people tombstone [jump into the water] now the tombstoning is a problem, you got deescalate that, we got to look at activities or projects. They got rid of the diving boards, so the diving boards were there ... and ... utilised”

Youth Service Manager

“Let's build some diving boards, because I'll tell you what lots of those kids will never go near a football club, but they jump into the water, so things like that I think of opportunities, but I think the other bit to me is the bit where it's less about sport but more about physical activity”.

Senior Police Officer

## Resourcing trauma informed approaches: Wider structural challenges of implementing a trauma-informed approach, constraints and enablers.

Many of the interviewees highlighted a variety of capacity issues within the wider system than has the potential to support working with young people through trauma informed approaches. This included the time professionals have to spend with young people due to high case-loads and workloads. In addition, high turn-over of staff, challenges with recruitment due to limited organisational funding and a 'thinning' of resources in statutory services were noted.

### Professional capacity in core roles

"A lot of what they need [young people] is someone who's going to be there and be able to relate to listen. And that is not something you can squeeze into a 30-minute slot, before your next meeting"

Educational Psychologist

### Funding cuts are immediate and obvious and impact on wider aspects of the system. This includes staff resources and physical resources

"Time and resources, and loss of services and thinning of services. So even when you have identified quite well what a child's needs are, or what family's needs are actually finding a person or a group of people that could do the interventions that you think is needed is really difficult".

Educational Psychologist

"We've got three support workers, although one of them has just resigned and this has been a feature of the past two and a half years is a bit of a faster turnaround in snaps than we used to. The fact that we can only offer [afford] part time work can make recruitment a real challenge at times".

Youth Service Manager #2

"I'm always saying it as a charity, as an independent charity on two biggest areas are funding, hosting, and access to venues"... They set up a food bank, very much needed in the area and that took the room that we're using [for young people]. Now there is no way around that they had to use that facility.

Youth Service Manager #2

### Staff awareness of trauma informed practices, staff turn over and training development for the wider workforce was identified as a key issue

"I think in the in preschools, there's, there's a really high turnover of staff. So, you can have someone who's been to a lot of training and really understands it. And then the next minute they've left to go do something else because the pay is so terrible, and all those other reasons, and then you're left with a brand-new inexperienced practitioner who kind of needs that training all over again to understand the impact".

Educational Psychologist

"Our kind of main generic coaching workforce probably haven't been exposed to that type of training [trauma informed] or mindset yet. So there probably needs to be an increased training opportunity".

### Communication across agencies. The growing potential of inter-agency connectivity

Interviewees gave many examples of where inter-agency collaboration had improved. There were examples of good practice, and a growing appetite to support further collaborative working through Pathfinder. There was evidence of silo working and competition for resources that might limit joined-up working. There were challenges over information sharing and a request for evidence of best practice to increase further buy-in.

“[A] silo mentality within departments within teams is still there”.

Youth Service Manager

“So there's a lot of work happening in this space, but certainly operating in a silo, dare I say, in some cases even duplicating work”.

Community Sport Manager

“A barrier to doing either more, or higher quality, trauma informed work is obviously the sensitivity around information sharing”

Community Sport Manager

### The competitive nature of bidding for external funding could result in competition, but also interagency collaboration built on existing professional relationships. There is potential to move towards more collaborative working and evidence of this developing in practice and an appetite for further work to support Pathfinder

“A couple of things you know there is competition between local organisations to try and secure money certainly long term but I also think that, I also think there's, you know, there's certain organizations or funders that obviously work with their preferred funder anyway. So you know we have very close links to the Youth Service, very very close historical things but not great links to Youth Offending team”.

Community Sport Manager

“Because that third sector and not necessarily the links between all the services. Although we've been talking for years about not working in silos, and making more multi agency and cross service links”.

Educational Psychologist

“Professionals with Social Services, we've got quite a good link with Social Care Team, Yeah, we've got quite close links with Social Care because we are physically on the same floor in our office. So we've the Children's Disability Team part of Social Care. So yes, we do a lot of multi agency work together multi agency meetings together quite a lot of yeah so formal and informal sessions”.

Educational Psychologist

“[We are] now increasingly working closely together so at the end of this month, ourselves, the local authorities service. Green Bank. Youth Club, and I think one of the jointly putting out a survey to all young

people in the city really is about finding out where they are, where are they at the moment, in terms of everything that's happening particularly obviously related to the pandemic”.

Youth Service Manager #2

“We're a bit unusual compared to other partners that you may speak to, namely so lots of partner agencies and the system, partnership, not just implement but across the UK has a children system and adult system. And the police work in both all the time”

Senior Police Officer

“Because of that minimal numbers, but a lot of engaged with partners to share the info part of our kind of buy into that project was we can't just have the basic and simple of a parent or carer giving us what they want to see. We actually get access to the police case file, so we can read firsthand which is problematic to get to that point but there's obviously a value can we run that child kind of holistically”.

Community Sport Manager

“We are now in a position [with] the police that they feel comfortable and they trust us to show us live police folders in cases, so we can get the information about that young person. If we had this conversation. Two years ago we were still getting secondhand information given to us by the PCSO, we don't get the whole picture we have to take them on their word. We've managed to build that rapport with them. Without that this becomes this becomes dangerous and in some cases can be counterproductive, because if you're delivering a project that you don't have the insight on the other person, you can end up doing more harm particular type young person that could be serious”.

Community Sport Manager

“I think anyone who's involved in doing community activity, whatever that is, whether it's organised sport or not, they'll probably have really strong ideas about what they could need or how help. I think you've probably got your usual suspects already on your list in terms of, you know people within the sport inside of the local authority and so on but I mean that there are opportunities moving forward so something like the trauma network”.

Senior Police Officer

“We are leaning towards youth workers. And I do wonder if they are not the missing link but an integral part of the system. Plymouth is unusual in that it still does have a statutory youth service”.

Regional Sport Development Officer

### **The need for integrated support for young people with mental health issues was regularly discussed by interviewees**

“Well they've managed [Live Wire] to do is create a mental health program so they've got a mental health worker, and then they bring it to a basis, mental health, trainee counselors who have to do X number of hours. So they come in on a sort of rotation basis. And essentially, I mean obviously it's got a role in young



people having access to professional almost immediately. If anything's happened. You've also got them, someone who could effectively triage, mental health issues and make sure they get forwarded to the right audience”.

Youth Service Manager #2

“It's about having access to mental health support. Immediately, you know, vast majority kids will not access GPs in fact they're not allowed to the barrier now is e-prescribing the consulting system way, I think you have to be over 16 or 18 I can't remember I think it's over 16 Now to access it”.

Youth Service Manager #2

“Think we've got that background in understanding, young people psychologically, and child development and the impact of. But I think we've got both, we've got the understanding of SEN, and the understanding of early experiences and how that can impact on a child and a family and an adult and kind of intergenerationally”.

Educational Psychologist

“We've ran a mental health, drama project that one of our placement students who is now an employee, and all use work is involved in absolutely shocked by the outcomes. Young people who they felt were very brilliant, some of them very resilient. We're talking openly about feeling suicidal during, during lockdowns, you know very very subtle changes in their attitudes and their and their feelings”.

Youth Service Manager #2

### Developing and evidence base or 'kite-mark' for trauma informed work in Plymouth.

“We've been talking about it long enough now but I haven't stumbled across any type of feedback or results or data or study, maybe Pathfinders the place for that but here we're saying it's the way forward, got any evidence outside the young people that it's working so visible results I think it'd be helpful for buy in”

Community Sport Manager

“Additional thoughts, [when] an organization has undergone training and supported trauma informed [work is there a] Kitemark or Charter Standard to be recognized as a trauma informed organization?”.

Community Sport Manager

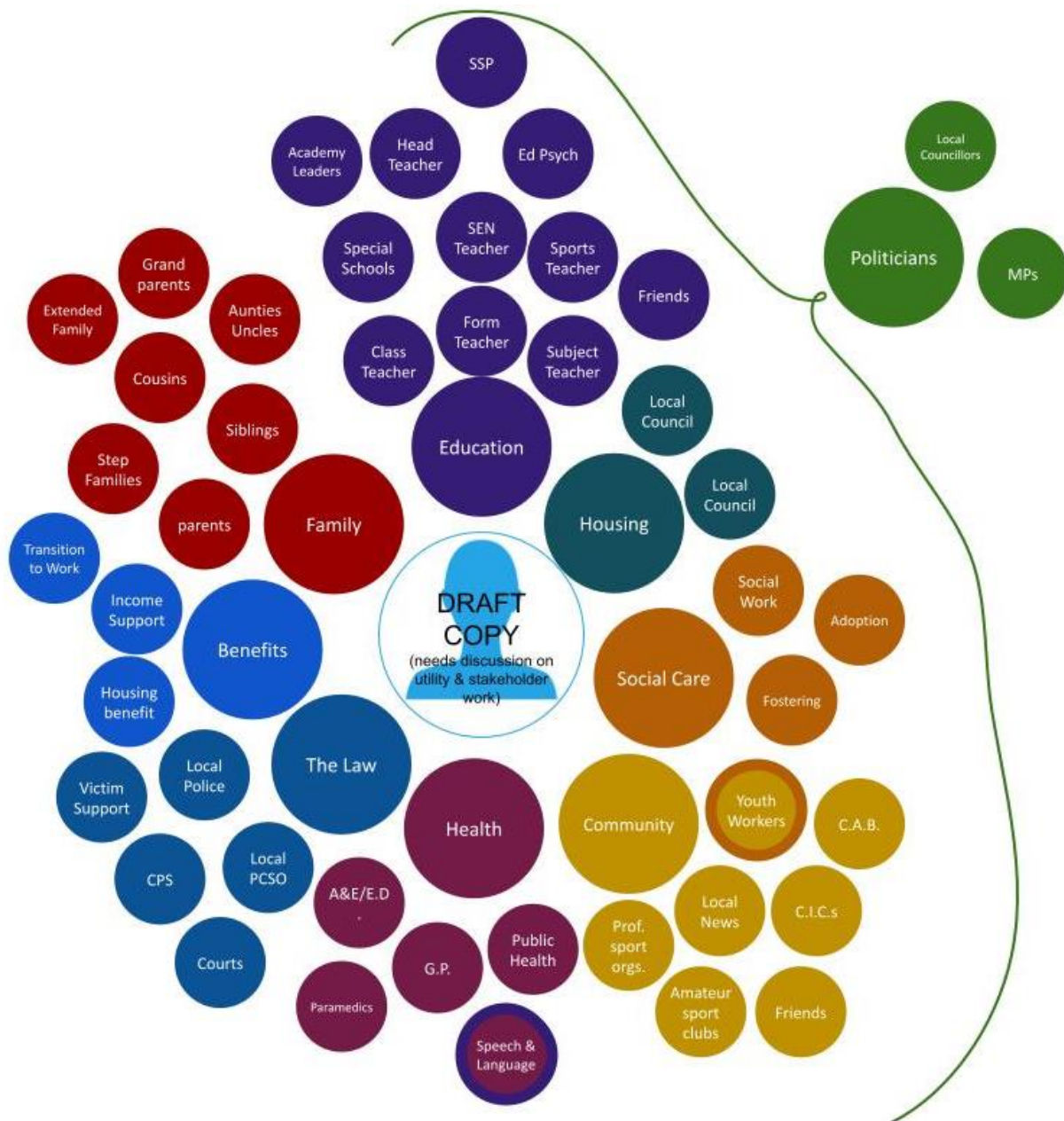
# Systems Mapping

Systems maps can help make sense of complex issues by mapping stakeholder relationships or identifying and arranging key interactions within a system. Systems mapping however, is more than the production of a physical “map” and its most useful outcomes can often be a result of the collaborative process of reflecting on how a complex system is interconnected. There are a range of approaches to systems mapping and these were outlined in the Methods section of this report.

This section outlines some of the graphical representations of the system that have been generated in this project. None are complete and final but are presented to stimulate further conversation about the potential use of such maps and discussion around how they might be further developed.

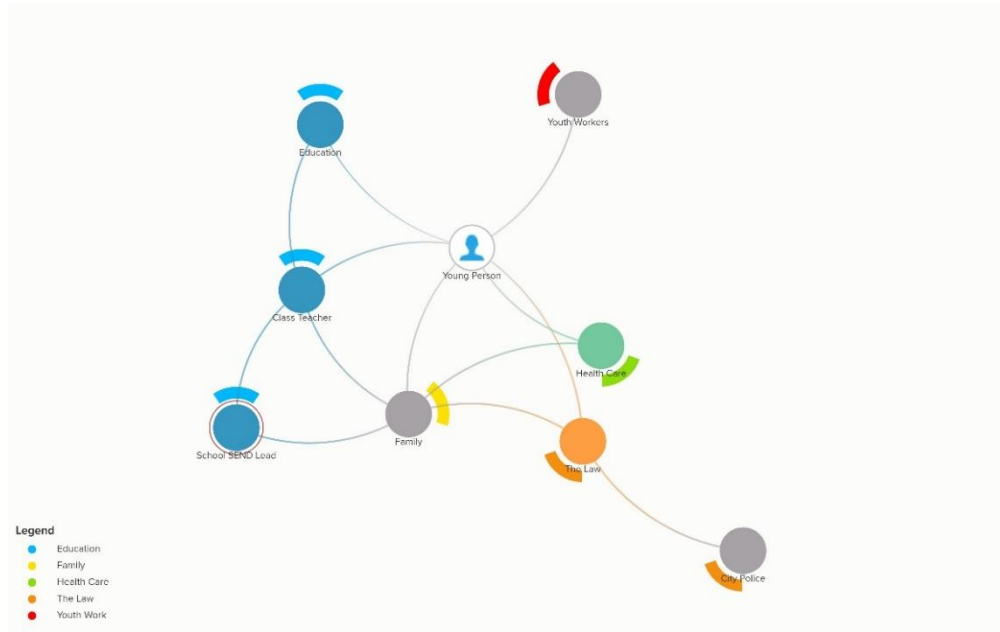
*Systems Map #1: Individuals and Organisations that surround the young person.*

Link to edit - [https://docs.google.com/drawings/d/1R-gM3hb6jGnl2seeLY0h8q8jTEL-iZrmpXuBKht\\_aoY/edit?usp=sharing](https://docs.google.com/drawings/d/1R-gM3hb6jGnl2seeLY0h8q8jTEL-iZrmpXuBKht_aoY/edit?usp=sharing)



## Systems Map #2: Relationships between all elements of the system

Viewable link can be found here <https://embed.kumu.io/2351703eeb09fdc5a177dd1f324537c9>

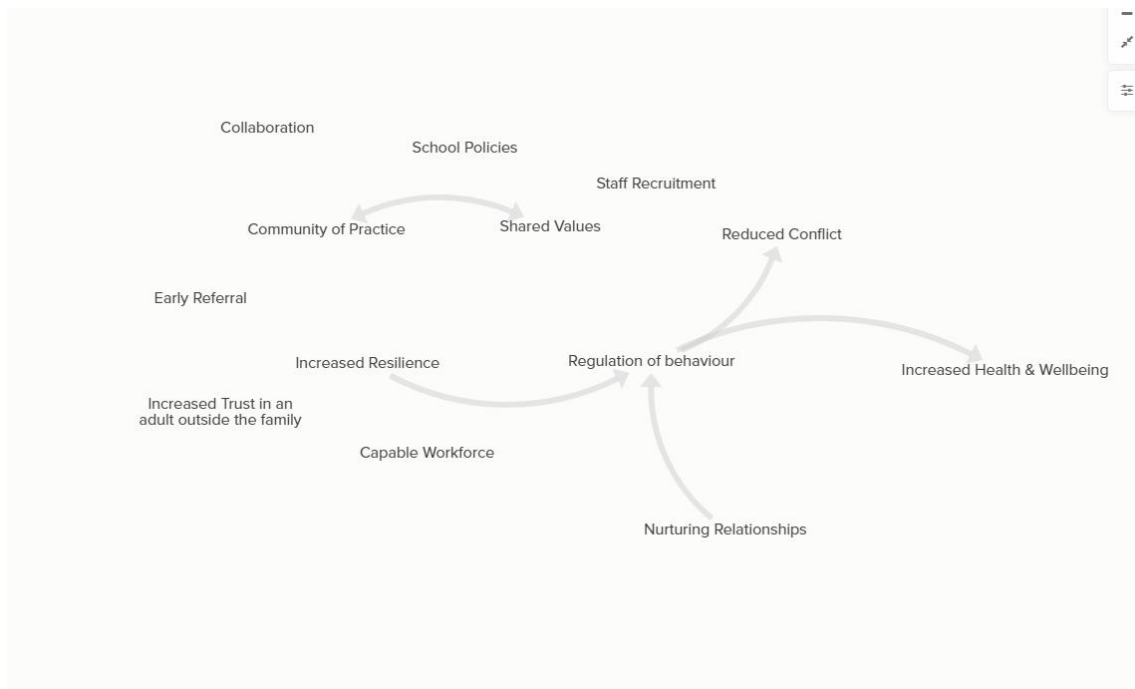


## Systems Map #3: Causal Loops Map

A causal loop diagram will attempt to show the intended key variables (i.e., factors, issues, processes) and how they are interconnected and lead from one to the other.

The diagram below is a *very early* draft version but is included to try and show what is possible and for the team to reflect upon as having potential use.

Viewable link for below can be found here <https://embed.kumu.io/58033f124e551f21b80d0ea2ddefc0bc>



## Findings (themes that emerged from the interviews)

- **Trauma-Informed approaches were well understood by the interviewees.**
  - Understandings were consistent across the interviewee group however several of them identified that a wider group of people that have contact with these young people do not have such advanced understanding and could have a negative impact upon any wider aspirations.
  - The use of jargon can be problematic; it can slow down translation into practice and mask real change.
- **The existing database of service level stakeholders is an extensive resource** that does not lack many key contributors as identified by the interviewees.
  - There are existing networks that offer opportunities for sharing information and connecting with key stakeholders.
- The range of work being undertaken in Plymouth around **special educational needs is established** and in the case of trauma-informed approaches is **continuing to develop** in its early stages of awareness.
  - There is a gap in the rhetoric of trauma informed principles and the practical realities imposed by working practices and resource constraints.
  - Challenges around disinvestment in resources have led to examples of more joined up work but also examples of continued silo working due core resource constraints and workloads.
  - There is room for increased workforce development across the system however the resource to train is limited.
- **The support system that surrounds young people can be fragmented and not conducive to optimal “trauma-informed approaches”**
  - Examples include the academisation of schools, inconsistent policies, outsourcing of services, limited data sharing.
  - Identified strengths in the system tended to be smaller networks and long-standing interpersonal relationships. Positive changes to practice were often said to be reliant on heavy investment in newer interpersonal relationships.
- **The contribution of physical activity and sport in a trauma informed approach and special educational needs was agreed in principle by all participants.**
  - The active ingredient in these activities were relationships with trusted adults.
  - Activities needed to be appropriate for the individuals in question – both in type, place and preference.
  - Protecting and maintaining places to be active was as important as isproviding structured classes.
- All interviewees stressed the need for **sustainable approaches** that can engage with the young people in question over an extended period and do not disappear once the funding has been taken away.
- While it is important for individuals to be able to "tell their stories" extreme **caution should be exercised** when asking people to re-tell their stories unnecessarily as this can be re-traumatising.

## Further Reflections (systems mapping and beyond)

These are a series of reflections that the Marjon team have put together while undertaking this project. They are not direct responses to the original brief but are borne out of questions and discussion that took place while completing the task. They are included as a means of supporting further development of this project.

- What wasn't covered?
  - We asked particular questions in the interviews but there were areas that we felt might warrant further exploration. Such areas include considerations related to gender, race and intersectionality.
  - The original brief required us to investigate the "trauma-informed system" and not to focus on the role of sport and/or physical activity in this system. While this was an inevitable talking point as a result of the known objectives of the programme there is scope for more investigation of the role and place of sport/PA in wider engagement with this group of young people.
- The theory of change could be reviewed\* in light of stakeholder perceptions.
  - *\*reviewed is not the same as changed.*
  - The theory of change was produced as part of the original project design, and it is unclear how much wider stakeholders have engaged with this theory of change at this point.
  - Time spent with stakeholders reviewing the existing Theory of Change could have any of the following benefits: identify strengths and weaknesses, confirm or question assumptions, identify gaps, identify mechanisms of change that could support proposed changes, encourage engagement and understanding of proposed changes.
- What system is of interest?
  - The "3 school approach" sits within a wider system. Is this wider system a target for change?
- Where does the systems mapping exercise sit within the "theory of change"?
  - What type of systems mapping is needed?
  - Further clarity of project aims would help.
    - A systems mapping exercise will result in a different output if the perspective is one of the following: increase PA, support SEND young people, support young people experiencing trauma.
  - Where in the Theory of Change is there a planned and purposeful engagement with system stakeholders to discuss systems dynamics and identify opportunities for change?
- Where in the theory of change is there a focus on sustainability?
  - A key theme in the initial mapping exercise was the need to avoid well founded but temporary interventions that do not support the primary individuals for long enough.
  - Where can the project make a sustainable difference?
- Re-engage with the significant network of stakeholders that had already been engaged in the Appreciative Inquiry phase of the project groundwork.
  - There is a possibility that a previous part of the project still has "loose ends" and these are exactly the people that would form part of the "professional" element of the stakeholder map. This comment is based on conversations with previous members of the Appreciative Inquiry phase (BJ).
- What would success look like in this project?
  - This phase was a preliminary phase of a wider project and as such has attempted to add value to that wider project.

## Related Resources & References

### *Systems Mapping Resources*

- Physical Activity and Systems Mapping <https://www.benjanefitness.com/health/behaviour/systems-mapping>

### *Related publications: Trauma-informed approaches*

Bartlett, J. D., & Steber, K. (2019). How to implement trauma-informed care to build resilience to childhood trauma. <https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma>

Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics, 17*(7), S86-S93. <https://doi.org/10.1016/j.acap.2016.12.011>

McCarthy, L., Parr, S., Green, S., & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. [https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review\\_FINAL-September-2020.pdf](https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review_FINAL-September-2020.pdf)

Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health & justice, 5*(1), 1-10. <https://doi.org/10.1186/s40352-017-0050-5>

### *Related publications: Trauma-informed approaches and PA*

Darroch, F. E., Roett, C., Varcoe, C., Oliffe, J. L., & Montaner, G. G. (2020). Trauma-informed approaches to physical activity: A scoping study. *Complementary Therapies in Clinical Practice, 101224*. <https://doi.org/10.1016/j.ctcp.2020.101224>

Denckla, C. A., Cicchetti, D., Kubzansky, L. D., Seedat, S., Teicher, M. H., Williams, D. R., & Koenen, K. C. (2020). Psychological resilience: an update on definitions, a critical appraisal, and research recommendations. *European Journal of Psychotraumatology, 11*(1), 1822064. <https://doi.org/10.1080/20008198.2020.1822064>

Massey, W. V., & Williams, T. L. (2020). Sporting activities for individuals who experienced trauma during their youth: A meta-study. *Qualitative health research, 30*(1), 73-87. <https://doi.org/10.1177%2F1049732319849563>

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017). Trauma is a public health issue. *European journal of psychotraumatology, 8*(1), 1375338. <https://doi.org/10.1080/20008198.2017.1375338>



## *Related publications: Systems thinking and mapping*

- Acaroglu, L. (2017) Tools for Systems Thinkers: The 6 Fundamental Concepts of Systems Thinking - <https://medium.com/disruptive-design/tools-for-systems-thinkers-the-6-fundamental-concepts-of-systems-thinking-379cdac3dc6a>
- Alford, C. (2017) How systems mapping can help you build a better theory of change. <https://blog.kumu.io/how-systems-mapping-can-help-you-build-a-better-theory-of-change-4c85ae4301a8>
- CLOA/SportEngland (2021) *Navigating Local Systems Test and Learn approach to system change* <https://cloa.org.uk/wp-content/uploads/2021/03/Final-Navigating-Local-Systems.pdf>
- Madden, H. and Ohlson, I. (2 June 2020) Systems Mapping - a brief overview of what, why and how (Part 1) - <https://mojdigital.blog.gov.uk/2020/06/02/systems-mapping-a-brief-overview-of-what-why-and-how-part-1/>
- Barbrook-Johnson, P., & Penn, A. (2021). Participatory systems mapping for complex energy policy evaluation. *Evaluation*, 27(1), 57-79. <https://doi.org/10.1177%2F1356389020976153>
- Bellew, W., Smith, B. J., Nau, T., Lee, K., Reece, L., & Bauman, A. (2020). Whole of Systems approaches to physical activity policy and practice in Australia: the ASAPa Project overview and initial systems map. *Journal of Physical Activity and Health*, 17(1), 68-73. <https://doi.org/10.1123/jpah.2019-0121>
- Daly-Smith, A., Quarmby, T., Archbold, V. S., Corrigan, N., Wilson, D., Resaland, G. K., ... & McKenna, J. (2020). Using a multi-stakeholder experience-based design process to co-develop the Creating Active Schools Framework. *International Journal of Behavioral Nutrition and Physical Activity*, 17(1), 13. <https://doi.org/10.1186/s12966-020-0917-z>
- Egan M, McGill E, Penney T, Anderson de Cuevas R, Er V, Orton L, White M, Lock K, Cummins S, Savona N, Whitehead M, Popay J, Smith R, Meier P, De Vocht F, Marks D, Andreeva M, Rutter H, Petticrew M. (2019) NIHR SPHR Guidance on Systems Approaches to Local Public Health Evaluation. Part 2: What to consider when planning a systems evaluation. London: National Institute for Health Research School for Public Health Research <https://sphr.nihr.ac.uk/wp-content/uploads/2018/08/NIHR-SPHR-SYSTEM-GUIDANCE-PART-2-v2-FINALSBnavy.pdf>
- Green, L.W., Sim, L., Breiner, H. (2013) (Eds.) Ch 9: Systems and Evaluation: Placing a Systems Approach in Context. In *Evaluating Obesity Prevention Efforts: A Plan for Measuring Progress*. Committee on Evaluating Progress of Obesity Prevention Effort; Food and Nutrition Board; Institute of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK202498/>
- Grove, J. T. (2015). Aiming for Utility in 'Systems-based Evaluation': A Research-based Framework for Practitioners. *IDS Bulletin*, 46(1), 58-70. <https://doi.org/10.1111/1759-5436.12121>
- Hawe, P., Shiell, A., & Riley, T. (2009). Theorising interventions as events in systems. *American journal of community psychology*, 43(3-4), 267-276. <https://doi.org/10.1007/s10464-009-9229-9>
- McGill, E., Er, V., Penney, T., Egan, M., White, M., Meier, P., ... & Petticrew, M. (2021). Evaluation of public health interventions from a complex systems perspective: a research methods review. *Social Science & Medicine*, 113697. <https://doi.org/10.1016/j.socscimed.2021.113697>
- Nobles, J. D., Radley, D., Mytton, O. T., & Whole Systems Obesity programme team. (2021). The Action Scales Model: A conceptual tool to identify key points for action within complex adaptive systems. *Perspectives in Public Health*, 17579139211006747. <https://doi.org/10.1177%2F17579139211006747>
- Peters, D. H. (2014). The application of systems thinking in health: why use systems thinking?. *Health research policy and systems*, 12(1), 1-6. <https://doi.org/10.1186/1478-4505-12-51>



Schelbe, L., Randolph, K. A., Yelick, A., Cheatham, L. P., & Groton, D. B. (2018). Systems theory as a framework for examining a college campus-based support program for the former foster youth. *Journal of evidence-informed social work*, 15(3), 277-295. <https://doi.org/10.1080/23761407.2018.1436110>

Wilkinson, H., Hills, D., Penn, A., & Barbrook-Johnson, P. (2021). Building a system-based theory of change using participatory systems mapping. *Evaluation*, 27(1), 80-101. <https://doi.org/10.1177%2F1356389020980493>

### *Related publications: Intervention Design*

Turner, K. M., Rousseau, N., Croot, L., Duncan, E., Yardley, L., O’Cathain, A., & Hoddinott, P. (2019). Understanding successful development of complex health and healthcare interventions and its drivers from the perspective of developers and wider stakeholders: an international qualitative interview study. *BMJ open*, 9(5), e028756. <http://dx.doi.org/10.1136/bmjopen-2018-028756>

Rousseau, N., Turner, K. M., Duncan, E., O’Cathain, A., Croot, L., Yardley, L., & Hoddinott, P. (2019). Attending to design when developing complex health interventions: A qualitative interview study with intervention developers and associated stakeholders. *PLoS One*, 14(10), e0223615. <https://doi.org/10.1371/journal.pone.0223615>

## Appendix A: Examples of Related Systems Mapping Exercise Outputs

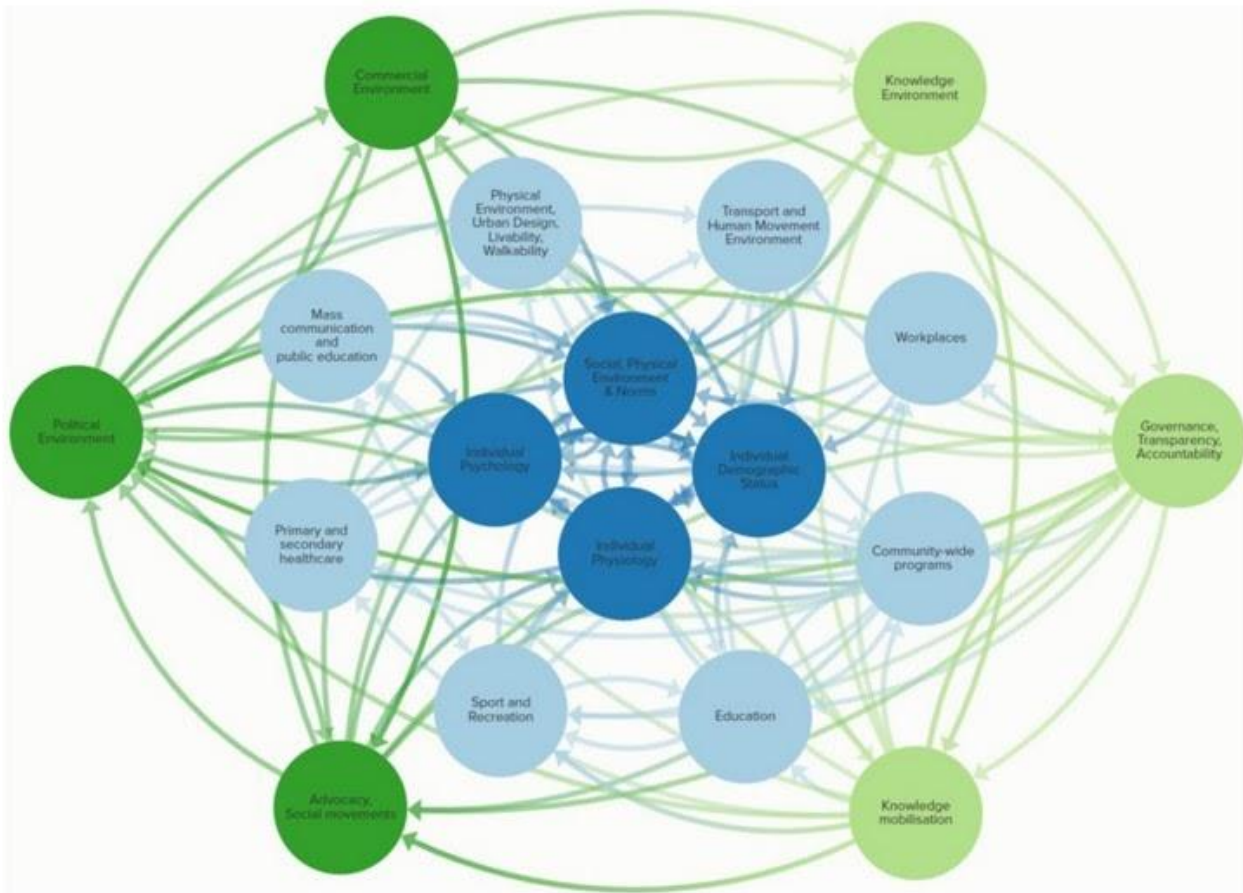


Image from: Bellew, W., Smith, B. J., Nau, T., Lee, K., Reece, L., & Bauman, A. (2020). Whole of Systems approaches to physical activity policy and practice in Australia: the ASAPa Project overview and initial systems map. *Journal of Physical Activity and Health*, 17(1), 68-73. <https://doi.org/10.1123/jpah.2019-0121>

## Appendix B: Principles of Trauma-Informed Care

See list here [https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review\\_FINAL-September-2020.pdf#page=25](https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review_FINAL-September-2020.pdf#page=25)

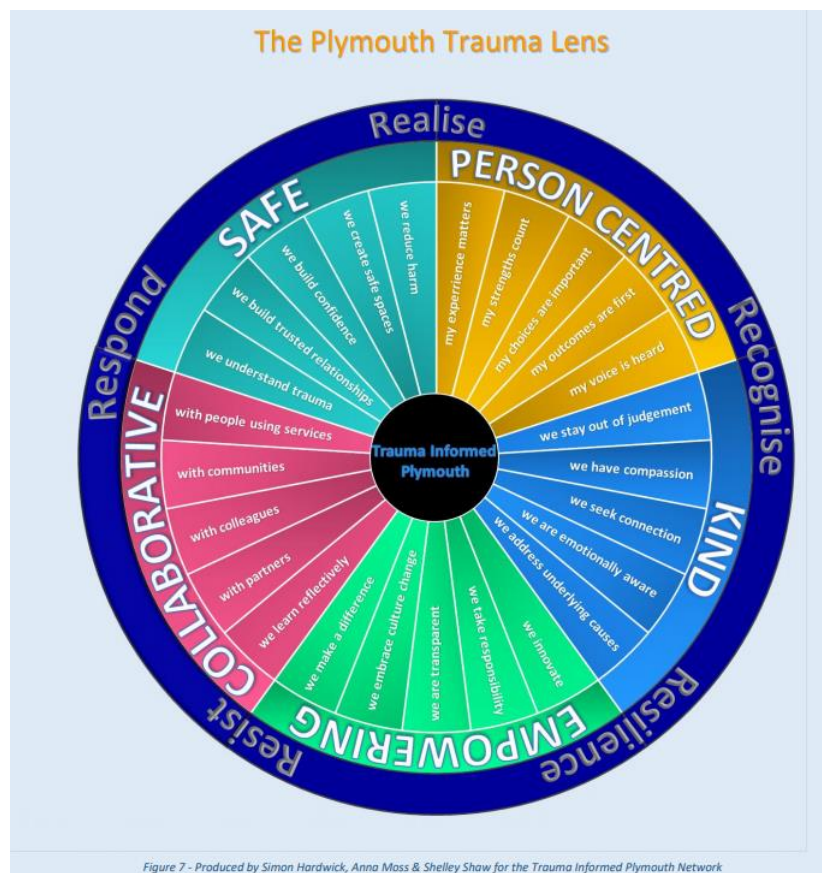
(from McCarthy, L., Parr, S., Green, S., & Reeve, K. (2020). Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review. [https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review\\_FINAL-September-2020.pdf](https://groundswell.org.uk/wp-content/uploads/2020/10/FLLSL-Lit-Review_FINAL-September-2020.pdf))

Extract from Plymouth Trauma-Informed Network

(<http://www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf#page=13> )

The Principles – The 5Rs of becoming trauma informed

1. **REALISE** - what trauma is and how it can have wide spread impact for individuals, families and communities.
2. **RECOGNISE** – the signs and effects of trauma in individual people, families, groups, and communities. This includes the workforce within organisations that deliver services.
3. **RESPOND** – by integrating knowledge regarding trauma informed approach into policies, procedures and practice.
4. **RESIST** - re-traumatising people and communities by actively seeking to avoid situations where traumatic memories might be re-triggered, and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.
5. **RESILIENCE** – is promoted in supporting individuals and communities to cope with and adapt to adversity, and have the strength to challenge situations where it might occur.



# Appendix C: Pathfinder Theory of Change

## PLYMOUTH PATHFINDER THEORY OF CHANGE

### What is a Theory of Change?

'A specific type of methodology for planning, participation, and evaluation that is used to illustrate social change. A Theory of Change defines long-term goals and then maps backward to identify necessary preconditions' - source Wikipedia

'A Theory of Change shows how you expect outcomes to occur over the short, medium and longer term as a result of your work.' - source National Council for Voluntary Organisations (NCVO)

There are several theories which explain how and why positive change occurs in and through engagement in sport. This Theory of Change is based on the social development model. The main identified socialisation processes involved in social development are:

- Opportunity
- Involvement
- Skill Development
- Reinforcement and positive activities leading to a positive identity.

Interventions will therefore need to aim to maximise social opportunities for long term involvement, skill development and positive reinforcement.

The programme aims to help a cohort of children and young people in Plymouth to maximise their potential, to develop coping strategies and tools to support them into adulthood and to support the next generation of families. The cohort includes those who have the most potential to gain; children who have experienced childhood trauma, or (and) who have special educational needs.

The programme will link together multiple systems across Plymouth and will build on the work of the Trauma-Informed Network.

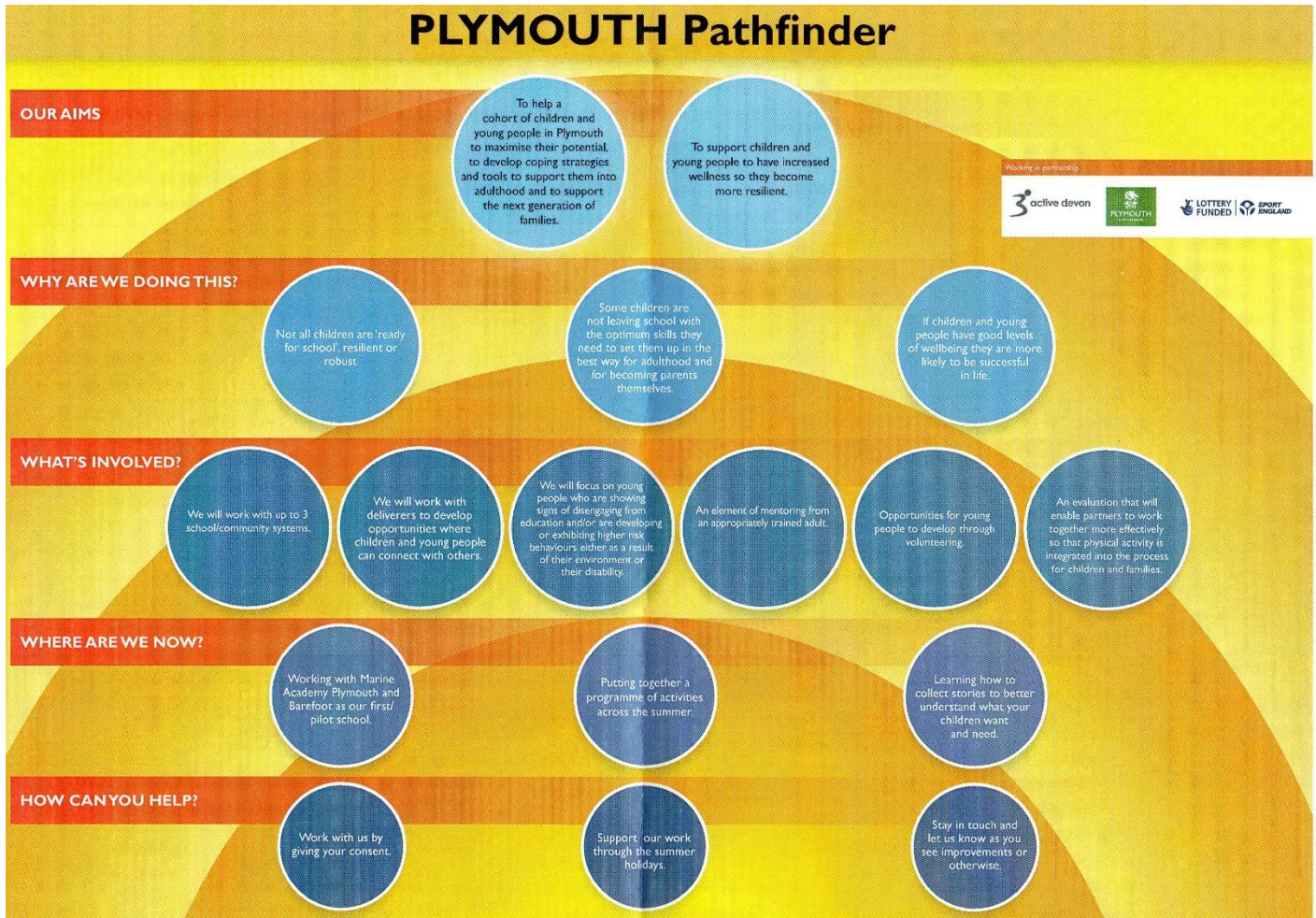
Partners will take a systems-based approach to physical activity and the benefits participation can have, in order to understand, through the eyes of those engaged, what needs to happen to achieve the desired outcomes.

Problem or Issue	Enablers and Conditions	Activities	Outputs	Intermediate Outcomes	Long Term Outcomes	Aim/End Goal
<p><b>Not all children are 'ready for school', resilient or robust.</b></p> <p><b>Some children are not leaving school with the optimum skills they need to set them up in the best way for adulthood and for becoming parents themselves</b></p> <p><b>If children and young people have good levels of wellbeing they are more likely to be successful in life</b></p>	<p>All partners must commit to a systems-based, multi-agency approach and have a clear ethos</p> <p>All partners must take a Trauma Informed Approach at all times</p> <p>Our approach must be attractive and rewarding</p> <p>Interventions must be fit for purpose and sustainable</p> <p>Interventions must be right for the participants</p> <p>Activities must be led by the right staff, be in the right place and delivered at the right time</p>	<p>We will work with up to 3 school systems, starting with secondary school age pupils but look down the life course towards primary schools, nurseries etc.</p> <p>We will identify other services that cohort might be having, e.g. Police, ASB teams, social care and youth teams</p> <p>We will work with deliverers to develop opportunities where children and young people can connect with others</p> <p>We will identify opportunities for young people to develop through volunteering</p> <p>We will ensure an element of mentoring from an appropriately trained adult</p> <p>We will focus on young people who are showing signs of disengaging from education and/or are developing or exhibiting higher risk behaviours either as a result of their environment or their disability</p> <p>We will look to the environment to make use of green and blue spaces as well as the built environment</p> <p>We will carry out an evaluation that will enable partners to work together more effectively across boundaries so that physical activity is integrated into the recovery process for children and families</p>	<p><i>More children and young people experiencing the activities on offer</i></p> <p><i>A long-term increased participation in clubs and groups</i></p> <p>Observed change in participants' ability to connect with others and improve their coping mechanisms and resilience</p> <p>Children achieving their best in GCSEs and in choosing and meeting requirements for their next steps</p> <p>Reductions in NEETs as they leave school</p> <p>Reductions in high-risk behaviours and any specific issues identified.</p>	<p>More access to participation in sport/physical activity</p> <p>A better understanding of the benefits of this access</p> <p>Positive changes resulting from taking part (e.g. increased knowledge, skills, improved attitudes and behaviour)</p> <p>Reduced exclusions from school</p> <p>Improvements in behaviour including exclusions from lessons and improved anger management</p> <p>Improvements in mental wellbeing</p> <p>Teachers reporting improvements in their classes (and their wellbeing)</p>	<p>Young people making positive choices. They are constructively engaged and future oriented</p> <p>Young people benefit from increased wellbeing, enabling them to be more resilient to the challenges they face and more likely to enable them to make healthier choices.</p> <p>Through the evaluation we will create a transitional system to capture the learning from this.</p>	<p><b>To help a cohort of children and young people in Plymouth to maximise their potential, to develop coping strategies and tools to support them into adulthood and to support the next generation of families</b></p> <p><b>To support children and young people to have increased wellness so they become more resilient</b></p>

Working in Partnership:







## Appendix D: Interview Guide

### 1. Can you please describe your role -

1. *Prompts* How long have you had that role? What is your background/connection with children with traumatic experiences (SEND)?

### 2. What is your organisation's role and how does it fit in with the identification and referral of children with SEND and TE(I)?

1. *Prompts*- how does your organisation fit in within the process? Who else should be included that might not be formally acknowledged?

### 3. The Pathfinder project is about exploring what positive changes could be made to the wider system that has an impact on children. **What do you think a “trauma-informed” approach means?**

- a. *Prompts* – What does that look like in practice? What might positive change look like to you?

### 4. What facilitators do you think there would need to be to create a “trauma-informed” approach in Plymouth?

- b. *Prompts* – what needs to be in place to make positive changes?

### 5. What do you think the barriers could be to developing a trauma-informed approach to supporting children in Plymouth?

- c. *Prompts* – What could get in the way of positive change? Are there any well-meaning changes you could anticipate that would be detrimental to positive change?

### 6. Who are the organisations and people that are key to influence children with SEND or TE

- d. *Prompts*- essential people, what relationships are needed, contacts close to schools

### 7. Where are the gaps in the current provisions and what opportunities are likely to achieve positive outcomes?

*Prompts*-

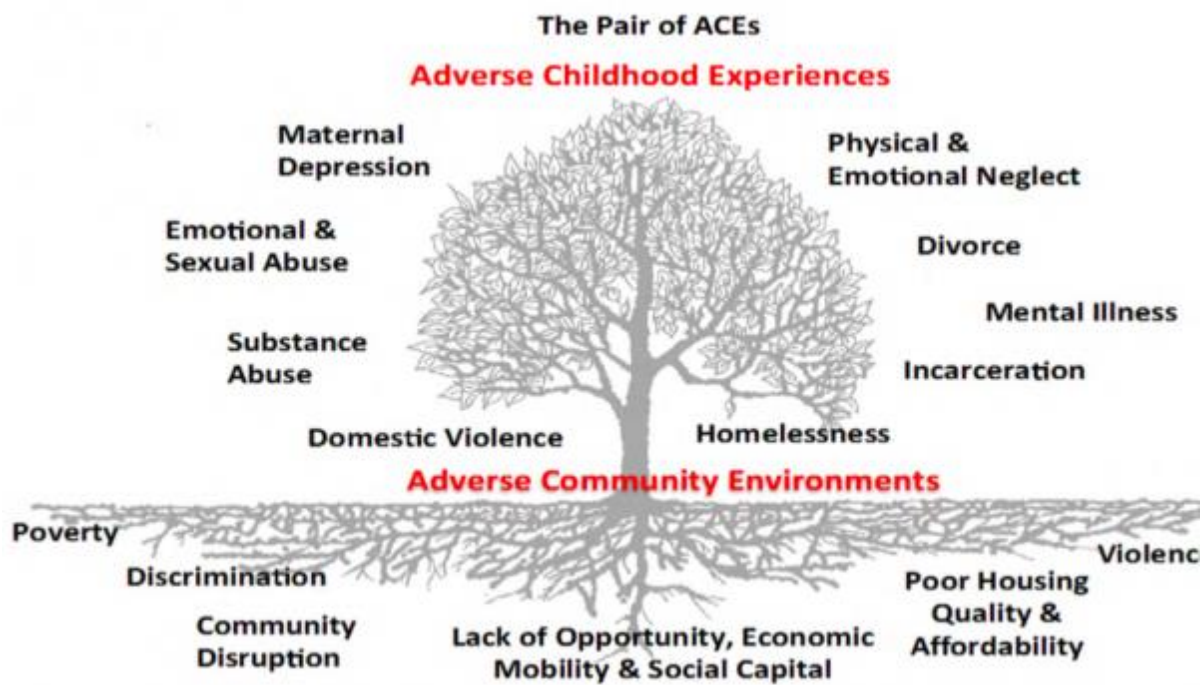
### 8. Who do you think should also be engaged for their views on this project?

*Prompts*, who in schools or community organisations could play a key role? Who might be able to refer young people, who could provide services to support young people?

**Would you be interested in being part of some additional workshops where the project team are bringing together a range of stakeholders to identify opportunities for positive change in the support of children in Plymouth?**



## Appendix E: Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics*, 17(7), S86-S93. <https://doi.org/10.1016/j.acap.2016.12.011>