

A Theory of Change for a

## Trauma Informed Derbyshire

Connecting head, heart and hands







### Introduction

Together, we are building a trauma-informed workforce that recognises the impacts of trauma and responds in ways that promote recovery, reduce inequalities, and increase the life chances of all who live and work in Derbyshire.

Local people in Derbyshire have gathered together to explore how we can create compassionate systems that foster healing, equity, and resilience.

Trauma does not discriminate—experiences of violence, abuse, neglect, loss, and adversity affect people across all ages, backgrounds, and circumstances. Nearly half of adults in England have encountered at least one adverse childhood experience<sup>1</sup>, and 8.5 million adults in England and Wales have experienced abuse during childhood<sup>2</sup>. These experiences often perpetuate cycles of harm and deepen inequalities, filling our mental health units, drug and alcohol services, prisons, excluded pupil provision, and medical wards.

Trauma-informed approaches not only equip individuals with tools to better support those affected by trauma but also help create healthier working environments for staff. We recognise the immense challenges faced by staff working in overstretched systems, where the emotional toll of supporting others can often lead to stress and burnout. By prioritising wellbeing, building resilience, and creating spaces where staff feel heard and valued, these approaches enable professionals to thrive.

Embedding trauma-informed approaches helps systems break cycles of harm, addressing the far-reaching effects of trauma and strengthening outcomes for everyone.

This Theory of Change (ToC) encourages organisations across Derbyshire to embed trauma-informed approaches within their workforce, operations, and the communities they serve. It is both an invitation and a framework, encouraging organisations to explore new ways to nurture a resilient and effective workforce that consistently provides trauma-informed support to people, families, colleagues, and communities.

Rather than being a prescriptive document, the ToC offers a practical and adaptable plan that can be tailored to meet the specific needs, delivery models, and priorities of your organisation. This flexibility ensures the ToC aligns with the diversity and complexity of Derbyshire's sectors and systems, while also fostering collaboration, sharing of best practices, and collective problem-solving.

We understand that Derbyshire organisations are at various stages in their journey of understanding and implementing trauma-informed approaches. Evidence and implementation experiences show that becoming trauma-informed takes time— It needs to shape, integrate with, and underpin the existing organisational ethos and culture. The ToC is designed to help you identify activities that build on your current practices, enabling you to develop and sustain trauma-informed approaches in ways that are tailored to your context.

### Lizzie Watt

Public Health Strategic Lead, Trauma Informed Derbyshire

"The effects
of trauma can
be passed
down through
generations, but
so can resilience
and healing."<sup>3</sup>

<sup>1.</sup> Bellis, M. A., et al. "Adverse childhood experiences (ACEs) and their association with chronic disease and health service use in the Welsh adult population." BMC Public Health.

<sup>2.</sup> NAPAC. "ONS data on childhood abuse and adult struggles."

<sup>3.</sup> Dr. Soma Ganesan, 'The MindBody Toolkit: 10 Practical Ways to Counter Stress, Trauma, and Chronic Illness' (2020)

### About this document

The Trauma Informed Derbyshire ToC comprises two key components, which have been co-developed with staff across the system:

### A system-wide Theory of Change:

A framework for leaders and managers to embed and sustain trauma-informed approaches, aligning with a broader system vision.

### **Summary**

This should be read from left to right, from where we are now, to where we hope to be.

### A detailed breakdown

The changes needed at the person, workforce, and organisation/system levels.

### A template to build your own Theory of Change:

An invitation for senior managers to develop tailored theories of change specific to their organisational needs, while staying aligned with the overarching trauma-informed vision.

**Template** 

Guidance on completing the template

In addition to the ToC, the <u>Trauma Informed Derbyshire Handbook</u> offers detailed guidance on embedding trauma-informed approaches. It includes practical steps for staff, managers, and leaders to translate theory into meaningful practice. If you are new to trauma and trauma-informed approaches, you may wish to read the handbook before developing your Theory of Change. A <u>summary version</u> is also available, offering a comprehensive overview.

We invite you to join us in weaving trauma-informed approaches into the fabric of our systems. Together, we can enhance the quality of life for all people living and working in Derbyshire so everyone can thrive.

## Summary theory of change

Trauma Informed Derbyshire theory of change summary





Derbyshire	than now
summary	o better time
Derbyshire summary  Join us for a journey of hope. There is not a journey of hope.	

understanding of a trauma-informed approach.

	Goals for change	Interventions	Indicators	Outcomes	Long term aim	
	Create a coordinated, trauma-informed system that fosters equity, prevents	Recognise the impact of discrimination and inequality as barriers to accessing services, ensure policies address the social determinants of trauma and adversity, and develop clear plans to support individuals with greater needs, including collaboration across organisations where needed.	Increased resilience and a higher percentage of people feeling they were treated fairly.	People receive trauma-informed	Derbyshire has a resilient workforce	
People	re-traumatisation, and promotes safety and empowerment through person-centred support.	Encourage staff to implement person-led support that promotes safety, collaboration, and active involvement of individuals and their supporters in the design and delivery of services.	Percentage of people who feel safe and in control of their support.	support that meets their needs and enables them to recover and live well.	that consistently delivers trauma-informed	
		Ensure compassionate, strength-based practices are consistently applied in daily interactions through comprehensive induction, ongoing training, regular team discussions, and strong management and leadership.	Percentage of people who felt they had a positive, trusting relationship with practitioners and were treated with respect and understanding during interactions.		support	
	Build a resilient workforce by prioritising	Develop, embed, and review policies that prioritise staff wellbeing and psychological safety, including regular supervision, peer support, wellbeing-focused reviews and enhanced support for staff affected by trauma.	Improved staff retention, reduced sickness and vacancies, and enhanced employee resilience and wellbeing.	An effective and		
Workforce	wellbeing, addressing trauma, and ensuring all staff confidently apply a trauma-informed approach through ongoing learning and collaboration.	Provide induction, training, and ongoing learning to equip the workforce with the knowledge, skills, and confidence to apply a trauma-informed approach.	Percentage of staff trained in a trauma-informed approach and confident in understanding trauma and its effects on people.	resilient workforce that consistently approaches all their work through a trauma-informed lens		
		Foster a reflective learning culture, co-develop trauma-informed delivery protocols for high-stress moments, and reinforce practices through supervision and performance reviews.	Audits of processes, procedures and engagement materials to assess the use of a trauma-informed approach.			
	Ensure sustained investment in strong,	Establish leadership to oversee and champion trauma-informed work, supported by a clear and actionable plan.	Evidence of a commitment to a trauma-informed approach at board, governing body, commissioner, and leadership levels, including the presence of trauma-informed leads or champions			
Organisations	committed trauma-informed leadership, services, cross-sector collaboration, and system-wide learning.	Co-develop a trauma-informed strategy that aligns with strategic priorities and embed a trauma-informed approach into policies, procedures, and cross-agency protocols.	Presence of trauma-informed a approach embedded within organisational policies and regulations	A trauma-informed approach is embedded across the system.		
		Create regular spaces to reflect on the system's role in preventing, mitigating, and addressing trauma, grounded in a shared vision and mutual	Evidence of regular learning spaces / working groups to grow a trauma-informed approach.			

### Organisation / system

Where we are now	Goals for change	Interventions	Example indicators	Intermediate outcomes	Long term outcomes	Long term aaim
There is a strong desire to adopt a unified trauma-informed approach and there is a growing commitment to embedding them.	Ensure sustained investment in strong, committed trauma-informed leadership, services, and cross-sector collaboration.	Leaders are supported to develop a deep understanding of trauma-informed principles through tailored training and opportunities to explore the impact of trauma on individuals, staff, and systems.  Leaders uphold trauma-informed principles by listening to staff and individuals' experiences, advocating for trauma-informed approaches, celebrating successes, and actively participating in practice meetings, partnership meetings, and training sessions.  Ensure investment supports training, the development of safe and suitable facilities, and opportunities for cross-sector collaboration.  Establish leadership to oversee and champion trauma-informed work, supported by a clear and actionable plan.  Commission services that can demonstrate they are trauma-informed.	Number of leaders and managers trained in trauma- informed approaches.  Evidence of a commitment to trauma-informed approaches at board, governing body, commissioner, and leadership levels.  Number of organisations with a trauma-informed lead / trauma-informed champions.  Organisational audits evidence resourcing (e.g. time and staffing) and implementation of trauma-informed approaches.  More contracts awarded to trauma-informed contractors / services / organisations.  Number of trauma-informed settings available to support people / number of new facilities developed with trauma- informed principles in mind.	Investment of time and resources in trauma-informed support, guided by strong system leadership.		
Leaders recognise the importance of trauma-informed approaches, but competing strategic priorities hinder their consistent embedding within organisations.	Leaders and managers integrate trauma-informed principles into policies, procedures, and systems, ensuring they become a core part of culture, strategy and practice.	Co-develop a trauma-informed strategy that aligns with strategic priorities.  Embed trauma-informed approaches into policies, procedures, and cross-agency protocols.  Encourage teams to conduct trauma-informed assessments of policies, practices, environments, paperwork, and staff wellbeing.	Presence of trauma-informed approaches embedded within organisational policies and regulations.  Evidence of trauma-informed job descriptions, person specifications, and attitudinal recruitment activities, with a particular focus on leadership and management roles.  Evidence of a commitment to trauma-informed approaches at board, governing body, commissioner, and leadership levels.	Leaders and managers embed trauma-informed approaches into strategic priorities.	Trauma-informed approaches are embedded across the system.	Derbyshire has a resilient workforce that consistently delivers trauma- informed approaches.
Trauma Informed Derbyshire has created valuable opportunities for people to collaborate, but there is more to do to grow system- wide learning across sectors and sustain conversations about trauma- informed approaches.	Foster a consistent system-wide approach to learning, where organisations use shared outcomes and frameworks, while creating spaces for innovation and resource-sharing.	Create regular spaces to reflect on the system's role in preventing, mitigating, and addressing trauma.  Ensure trauma-informed approaches are regularly discussed at board, partnership, and system-wide meetings.  Encourage a culture of learning and use system-wide spaces to foster collaboration across sectors, grounded in a shared vision, common principles, and a mutual understanding of trauma-informed approaches.  Implement measures and evaluation designs to assess trauma-informed approaches, including their impact on staff and the people they serve.	Evidence of regular learning spaces / working groups to grow trauma-informed approaches.  Number of performance indicators that reference trauma.	Improved system learning about trauma-informed approaches		



Where we are now	Goals for change	Interventions	Example indicators	Intermediate outcomes	Long term outcomes	Long term aim
The Derbyshire workforce is passionate and dedicated, but the high demand for services, combined with their commitment to providing the best support, can lead to stress and burnout.	Build a resilient workforce by prioritising wellbeing, addressing secondary trauma, offering robust support, and fostering a culture of trust and collaboration.	Develop, embed and review policies that prioritise safety and wellbeing, such as regular support/supervision with a focus on wellbeing, peer support programmes, regular breaks, encouragement of self-care, and prioritising wellbeing in personal development reviews.  Recognise the impact of vicarious traumatisation and provide enhanced support for those affected by trauma when needed.  Nurture supportive teams by creating regular spaces for peer support, opportunities for staff to check in on their wellbeing, and fostering collaboration in risk-sharing and decision-making.  Provide additional support for staff employed for their lived experience (e.g., peer workers), ensuring trauma-informed support plans are created to address their specific needs.  Implement preventative measures to support staff wellbeing, including gathering data, monitoring workloads, and taking early action when issues arise.	Number of staff impacted by trauma who are recognised and supported (e.g. through employee assistance, TIPT, or other support services).  Reviews evidence regular, reflective, and trauma-informed supervision/support across all staff roles (e.g., clinical supervision, reflective practice sessions, supervisory meetings, peer support, and debriefs).  Improved rates of staff turnover, staff sickness and vacancies.  Improved measure of employee resilience, mental health and well-being (e.g. % of staff who feel satisfied at work, % of staff who feel they have a good worklife balance, % of staff who feel listened to and supported).	Staff and volunteers experience reduced stress, increased resilience, and enhanced wellbeing.		
Some staff and volunteers have developed a deep understanding of trauma, providing a strong foundation to build consistency across the workforce.	Equip all staff and volunteers with the knowledge and confidence to understand trauma and the hidden vulnerabilities that trauma creates.	Provide induction and training on trauma, its key principles, and its impact on people's ability to live and thrive.  Provide ongoing learning and development that equips the workforce with practical skills and the confidence to apply trauma-informed approaches and respond effectively to trauma related issues.  Provide practical tools, such as "crib sheets," with useful trauma-informed strategies for working with people.	Number of staff inducted and trained in trauma- informed approaches  Training in trauma-informed approaches is included in the mandatory training package for staff and volunteers (e.g. listed as essential training)  % of staff who feel confident in understanding trauma and its effects on people (staff level survey).	Staff and volunteers understand trauma and its effects on people.	An effective and resilient workforce consistently approaches all their work through a trauma-informed lens.	Derbyshire has a resilient workforce that consistently delivers a trauma-informed approach.
Some staff are already applying trauma-informed approaches, and there is an opportunity to further increase consistency and confidence across teams.	Achieve consistent implementation of trauma-informed approaches across the workforce, supported by ongoing learning and practice development, with everyone knowing they have a role to play.	Create learning and practice development culture and spaces where staff have the freedom and flexibility to reflect, identify challenges, feel safe to try new approaches, learn from colleagues and enhance trauma-informed practices  Co-develop trauma-informed protocols and person centred delivery models, with a particular focus on high-stress moments such as incidents, complaints, and safeguarding procedures.  Ensure all support and engagement materials are trauma-informed.  Reinforce trauma-informed practice in 121s, supervision and performance reviews.	Audits of processes and procedures to assess the use of trauma-informed approaches (e.g. case notes, appraisals, meeting minutes, response protocols, school discipline policies).  Audits of support and engagement materials to assess the use of trauma-informed approaches (e.g. conversation templates, assessments, care plans, leaflets, websites, school reports, newsletters, support materials, complaint forms).	Staff and volunteers effectively implement trauma-informed approaches		

### **People**

Where we are now	Goals for change	Interventions	Example indicators	Intermediate outcomes	Long term outcomes	Long term aim
Support can be fragmented, requiring individuals to navigate multiple systems and retell their stories. There is a strong desire to improve trauma understanding and coordination to better meet the needs of people.	Create a coordinated system of trauma-informed support that ensures seamless support, promotes equity, and prevents retraumatisation.	Ensure staff know where to find information to connect those affected by trauma to the right services and understand their role in facilitating supportive introductions.  Establish cross-agency partnership agreements and joint support plans with other organisations through regular communication and collaboration.  Encourage staff to build strong, collaborative relationships with communities and work in partnership to provide trauma-informed support.  Recognise the impact of discrimination and inequality as barriers to accessing services, and ensure policies address social determinants of trauma and adversity, including educational inequality, discrimination, marginalisation, and poverty.  Develop clear plans for supporting individuals with greater needs, understanding behaviour, and de-escalating situations. Incorporate scenario planning to ensure these plans align with trauma-informed principles.	Increased levels of resilience measured through evaluation tools (e.g. children and young people emotional wellbeing survey, WEMWBs, ReQol).  Increased levels of integrated working (e.g. number of handoffs decreasing, national integrated care survey demonstrates co-ordinated support etc.)  % who feel they were treated fairly (person level survey).  % of people who feel there is an understanding of the way trauma can impact their behaviour (person level survey).	People receive coordinated trauma-informed support that is inclusive, equitable, and supports people in their recovery.		
People can feel excluded from decisions about their support, limiting their sense of control. Inconsistent practices across services may impact feelings of safety and trust.	Involve individuals in decisions about their support, ensuring they have agency and feel physically and psychologically safe.	Encourage staff to put people at the centre of support by fostering a collaborative approach, ensuring support plans are person-led, and actively promoting co-production practices.  Involve people, their supporters, and staff in the (re)design and delivery of services through regular feedback mechanisms that gather both qualitative and quantitative data, alongside consistent opportunities for iteration and co-production.  Focus practice development on the importance of safety and understanding the potential impact of trauma on individuals and communities.  Ensure the physical environment promotes a sense of safety, with new builds and redesigns intentionally incorporating trauma-informed principles.	% of people who say they feel safe (person level survey, safe and well check).  % of people/carers/family members who say they have been given strategies to manage the impact of trauma (person level survey).  % of people who feel in control of their support / feel their preferences were listened to (person level survey, friends and family surveys).  Audits evidence bespoke support plans developed with people.  Number of people with lived experience of trauma who are involved in design and decision making.  Number of trauma-informed settings available to work with people - defined as buildings or spaces intentionally designed or adapted to promote safety, calm, and wellbeing for individuals affected by trauma.	People feel safe and in control of their support.	People receive trauma-informed support that meets their needs and enables them to recover and live well.	Derbyshire has a resilient workforce that consistently delivers a trauma-informed approach.
Trauma can affect people's ability to form trusting relationships. There is a strong commitment to building trust and connection, ensuring consistent and compassionate interactions.	Foster trusting and healing relationships by building on compassionate, person-centred, strength-based approaches.	Embed compassionate, person-centred practices through comprehensive induction, ongoing training, regular team discussions, and strong management and leadership, ensuring trauma-informed approaches are consistently applied in day-to-day interactions  Support staff to work in partnership with people and develop bespoke support plans that address their needs and goals.  Ensure organisational operations and decisions are conducted transparently to build and maintain trust with individuals and communities.	% of people who felt they had a positive trusting relationship with their support worker/service provider (person level survey).  % of people who felt they were treated with respect and understanding during an interaction (person level survey).  % of people who feel they have valued community and family relationships (person level survey).	People experience and benefit from trusting and healing relationships.		

# Template theory of change

### A template to build your own Theory of Change

We recommend you print this template in A3

<u>Download your template here</u>

Where we are now	Goals for change	Interventions	Example indicators	Intermediate outcomes	Long term outcomes	Long term aim

# Guidance on completing the template

# Guidance on completing the template

### What is a ToC?

A theory of change is a practical tool for addressing complex challenges—like building a trauma-informed workforce. At its core, it explains how small steps and intermediate milestones lead to long-term outcomes. By the end of the process, you'll have a clear idea of what your organisation wants to achieve and a strategy to get there.

In essence, a theory of change makes your assumptions explicit and easier to test, helping you refine your understanding of what works and why.

This guidance is designed to simplify the process, supporting you and your stakeholders in defining how to build on your existing work to achieve a trauma-informed workforce. This guidance will support you to:

- Build on existing work by recognising and amplifying what your organisation is already doing well, using these foundations as a springboard for further development.
- Think critically about embedding trauma-informed approaches in your organisation over time to ensure long term success and impact
- Map out the key actions and components to achieve a trauma-informed workforce.
- Provide a flexible, step-by-step approach that evolves as you gather evidence and learn.

### Why create a theory of change?

A theory of change defines what success looks like, fosters collaboration, and builds consensus. It ensures everyone is aligned on what they're trying to accomplish, what actions are required, and where there may be gaps in knowledge or assumptions.

A theory of change helps you:

### CLARIFY YOUR GOALS

Ensures everyone has a shared understanding of what needs to happen to achieve success.

### CHALLENGE ASSUMPTIONS

Helps evaluate whether planned actions will lead to the intended outcomes.

### MANAGE RESOURCES

Provides a realistic framework for focusing on what matters most.

### **MEASURE IMPACT**

Makes it clear how success will be measured and achieved.

### IMPROVE COLLABORATION

Builds consensus among stakeholders and aligns efforts.

### Understanding the template

To complete your theory of change, it's important to understand the key elements:

Where we are now	Goals for change	Interventions	Example indicators	Intermediate outcomes	Long term outcomes	Long term aim
A description of the current state of the system in relation to each goal. This includes the challenges that need to be addressed and the strengths that can be built upon.	A clear description of the goals you aim to achieve. These goals set the intention behind your efforts and provide direction for the activities and outcomes in the theory of change.	The actions or strategies an organisation or project undertakes to create change. These are within the organisation's control and can range from single activities to comprehensive programmes.	Indicators describe how success will be measured at each step in the pathway of change. Each indicator should align with an outcome and specify what is being measured, how data will be collected, and what targets need to be met to demonstrate success.	The short-term changes, benefits, learning, or effects resulting from interventions. These may include shifts in knowledge, skills, attitudes, or behaviours.	Specific, measurable changes that are essential to achieving the long-term goal. These outcomes represent the cumulative results of actions, policies, and interventions.	The broader social change that the organisation seeks to achieve.

### Pathway for change:

A map that illustrates how the goals, interventions, and outcomes are interconnected. It connects the starting point ("where we are now") to the ultimate goal (the "long-term aim") and explains how change is expected to happen through a sequence of short-term, intermediate, and long-term outcomes.

### Creating your ToC

Developing a theory of change (ToC) is a collaborative process that maps out how a trauma-informed initiative will develop over time. Involving the right people, planning effectively, and setting a clear purpose will ensure your ToC is meaningful and actionable.

### Who to involve

It's helpful to engage a diverse group of people who bring different perspectives. This may include:

- Managers and leadership teams
- Practitioners, frontline staff, and volunteers
- Planners and evaluators
- Service users or community representatives

However, not everyone with an interest in your work needs to be included. Aim for a group of 3–10 people—small enough to stay focused but broad enough to represent key views.

### Choosing your approach

You can develop a ToC:

- In a workshop: This is the most efficient and common method, allowing for shared thinking and collaboration.
- Individually: If a workshop isn't possible, you can gather input through one-to-one conversations and bring it together afterwards.

In a workshop, good facilitation is essential. Everyone should feel able to contribute, regardless of their role or seniority. Facilitators should encourage participation, ensure voices are heard, and manage power dynamics within the group.

### Time and Focus

Creating a theory of change can be demanding, and participants may lose focus over time. To keep the process effective:

- Schedule sessions for no longer than a half day: This
  is usually enough time to make progress without
  losing engagement.
- Meet more than once: which will allow time for writing up, reflecting, or refining and planning followup sessions.

Remember, a ToC is an iterative process. After the workshop, share the draft with participants for review. You might also circulate it to senior managers or partner agencies to gather wider feedback.

Whatever your approach, keep the process simple and focused. Your theory of change doesn't need to cover everything; it can concentrate on the priorities you wish to address first.

### Preparing for a theory of change session

### Set clear objectives

Define the purpose and scope of your ToC workshops.

You will need to make key decisions about how to approach the theory of change process and record and share your work.

### Purpose:

### Why are you doing this ToC?

- If your main aim is to build a shared understanding of trauma-informed approaches, involve as many people as possible.
- If you want to change the behaviour of others, include them so they have ownership over the next steps.

### Scope:

### What will the ToC focus on?

- Are you creating a ToC for the whole organisation, a single team, or a specific project?
- You can develop a high-level ToC for the organisation and more detailed ToCs for individual projects.
- If the focus is on delivering progress quickly, prioritise practical actions for the year ahead.

### **Stage of Development:**

### Where are you in your trauma-informed journey?

- If you are just starting out, focus on achievable short-term activities.
- If you are further along, use the session to refine and build on existing work

### **Gather evidence**

A strong theory of change is informed by evidence and knowledge of what works. Before the session, consider:

Read the Trauma
Informed
Derbyshire
Handbook to
gain an overview
of what other
Derbyshire
colleagues have
been thinking
and doing

Gather information to understand how trauma-informed approaches are currently being implemented, what is already being measured, and the challenges or priorities this work should address

Gather feedback from staff and service users to ensure their experiences inform the ToC

### **Prepare participants**

Invite participants to the session, sharing key materials such as:

The system-wide theory of change

The Trauma Informed Derbyshire Handbook Let people know what to expect, including the purpose and structure of the session

### Ground Rules to share in sessions

Creating a theory of change works best when everyone feels safe and able to contribute. Set ground rules to encourage open, respectful discussion.

### You can create your own, or use these examples:

If you are speaking, we will really listen to you and let you finish.

Humour is
welcome, but
we won't make
fun when you
are trying to be
serious.

If you disagree, we won't judge you; we will be curious about your perspective.

If you share your lived experience, we will receive it with kindness and not share it outside of this space.

What else should we include to help us work together effectively?

Step-by-step process
Creating your Theory
of Change through a
collaborative process

### STEP 1:

### Identify the long term outcomes

The goal of this session is to define the long-term aim and outcomes of your theory of change. This session should feel like a collaborative brainstorming exercise, where everyone's ideas are valued, and key outcomes are agreed upon collectively.

Time Required: At least 1 hour

**Setting:** A room equipped for brainstorming with:

- If face-to-face, Post-it notes, flipchart and markers for participants
- If online, an online whiteboard (e.g., Miro) for clustering ideas
- A copy of the system-wide theory of change

### Top tips on developing outcomes:

- Break down large goals: Unpack "mega-outcomes" into smaller, actionable components.
- **Focus on impact:** Use nouns to describe desired states or accomplishments (e.g., "increased trust," not "build trust").
- **Encourage dialogue:** Facilitate discussions that explore assumptions and align perspectives.

### Suggested agenda

TIME	ACTIVITY
10 mins	Welcome and introduction
	• Share a brief overview of the ToC process, its purpose, and the vision for Trauma Informed Derbyshire.
	Set ground rules to encourage inclusive and open dialogue
	<ul> <li>Icebreaker: Ask participants to share their name, role, and a "wish" they would choose to grow trauma- informed approaches</li> </ul>
10 mins	Define scope and timeframe
	Clarify the scope of the ToC (e.g., organisation-wide or project-specific)
	<ul> <li>Agree on a timeframe: long-term goals could mean 1, 5, 10, or 20 years—what matters is ensuring everyone is aligned.</li> </ul>
20 mins	Brainstorm long-term outcomes
	Share the system-wide theory of change as a reference.
	Ask participants to spend 10 minutes individually brainstorming answers to the following questions:
	What are the ultimate goals of Trauma Informed Derbyshire for our organisation?
	What will be different in the long term as a result of embedding a trauma-informed workforce?
	What will this mean for people, staff, our organisation, and the system?
	Participants write one outcome per post-it note.
20 mins	Share and cluster ideas
	• Ask each participant to share their key outcomes, placing their post-it notes on a flipchart or virtual whiteboard.
	<ul> <li>As outcomes are shared, facilitators group similar ideas into clusters. Major themes often emerge, but you may also notice a few unique or unexpected ideas.</li> </ul>
	Distinguish between:
	The long-term aim (the overarching goal).
	Long-term outcomes for people, staff, and the organisation/system
20 mins	Refine and prioritise outcomes
20 1111113	<ul> <li>For each cluster, discuss and decide on the post-its that best summarise the long-term outcomes. Combine ideas if needed to create clear and focused statements.</li> </ul>
	<ul> <li>Use voting to prioritise: Either ask each person in turn to articulate their views, or give people 4 dots each to vote with (one per category: aim, outcomes for people, workforce, and system). Participants vote on the outcomes they feel are most important.</li> </ul>
	Finalise the outcomes based on group consensus.

### STEP 2:

# Create pathways for change

The purpose of this session is to map out the pathway of change by identifying the steps needed to achieve your long-term outcomes. This will involve backwards mapping and exploring what is both necessary and sufficient to bring about the changes you want to see.

Expect this session to include backand-forth discussion and debate as the group works together to refine the pathway of change.

**Time Required:** At least 2 hours

**Setting:** A room equipped for brainstorming with:

- Post-it notes and markers
- A copy to the ToC template, with outcomes identified in the previous session pre-populated (if online, this can be completed using Miro, or on a laptop using screen share)
- A copy of the system-wide theory of change

### Suggested agenda

### TIME **ACTIVITY** Welcome and check-in 15 mins Recap the purpose of the session and the outcomes identified in Step 1. Revisit ground rules to set the tone for collaboration and focus. 60-90 Identifying the pathway for change: mins Participants work through each row of the theory of change. For each row participants are asked to explore, "What are (include the necessary and sufficient preconditions for (insert outcome here)?". a break) Participants work through each long-term outcome row in the theory of change. For each row, explore the following: **Intermediate outcome**, what needs to happen in order for us to achieve our long term outcome? Where are we now, what is our current position against this outcome? Discuss what is working well, what isn't, and any existing strengths or gaps. What needs to change, articulate the specific goal or shift that is needed to move us closer to this outcome? New Intervention/activity, what actions or activities can we implement to achieve this change? Focus on additional interventions rather than listing what is already being done. Repeat for each long-term outcome Work systematically through all long-term outcomes identified in Step 1. For larger groups, split participants into smaller teams to map individual outcomes, then share back as a whole group to review the emerging pathway for gaps, overlaps, or missing steps. Use the system-wide theory of change for inspiration and ensure alignment with the broader vision.

### Top tips on developing pathways for change:

- **Keep it manageable:** Aim for 3-6 interventions per outcome to avoid overcomplicating the map.
- **Start backwards:** Use backwards mapping to identify the intermediate outcomes needed to achieve each long-term goal.
- Stay focused: Focus on what is necessary and sufficient to achieve a trauma-informed workforce. Avoid listing everything your organisation already does—concentrate on new activities or areas for improvement.

### **STEP 3:**

## Prioritise what you measure

The purpose of this session is to decide which outcomes to measure and determine how to measure them. By focusing on the most important outcomes, you can ensure your measurement framework is effective, achievable, and impactful.

Time Required: 1-2 hours

**Setting:** A room equipped for brainstorming with:

- Post-it notes and markers
- A copy to the ToC template, with a clear version of the pathway of change
- A copy of the system-wide theory of change

### Top tips on prioritising what you measure:

- **Work with evaluators:** Include evaluators in the session or consult them afterwards for advice on robust measurement.
- **Narrow it down:** Focus on a small set of critical outcomes to avoid overwhelming your team with data collection.
- **Focus on impact:** Avoid measuring outcomes simply because the data is easy to collect—prioritise what is meaningful.
- **Keep it achievable:** Balance ambition with the capacity to measure and track progress effectively.

### Suggested agenda

TIME	ACTIVITY
15 mins	Welcome and set the scene
	<ul> <li>Recap the purpose of the session: to prioritise the outcomes that matter most and determine how to measure them.</li> </ul>
	Revisit the pathway of change so that everyone can see the outcomes identified in Step 2.
30 mins	Prioritise outcomes to measure
	As a group, work through the outcomes and use the following two key questions to prioritise:
	<ul> <li>Do we already collect data that will tell us if this outcome has been achieved?</li> </ul>
	<ul> <li>Do we need to gather additional data to measure this outcome? Discuss the outcomes against the following criteria to ensure they are outcomes that:</li> </ul>
	You directly influence (rather than indirectly support);
	Are important to understanding impact
	Are not too costly to measure; and
	Will produce credible data.
	Output: Agree on a shortlist of priority outcomes to measure.
35-45	Identifying indicators
mins	Once you have used this to determine a list of outcomes you would like to measure, assign each outcome to a member of the group.
	For each prioritised outcome, determine:
	Indicator(s): What will success look like? (e.g., "% of staff reporting improved confidence")
	Data Source: Where will the data come from? (e.g., staff surveys, service user feedback, audits)
	Timing: When and how often will the data be collected?
	Targets: What level of progress would demonstrate success?
20 mins	Review and Finalise  • Share and reflect as a group: Does this measurement plan feel realistic and focused?
	<ul> <li>Agree on any next steps, such as refining indicators or identifying data gaps.</li> </ul>
	<ul> <li>If it is your final session, use a check out, e.g. "I used to think and now I think"</li> </ul>
	2 io jour mini occordi, add a oricon out, e.g. I adda to minim and now I minim

### **STEP 4:**

# Reviewing your theory of change

Reviewing your theory of change is a critical step to ensure it is clear, achievable, and measurable. At this stage, you will reflect on your work so far and test whether your pathway of change makes sense and can deliver the outcomes you want. This process can be done individually or as a small team, depending on your capacity.

### Top tips for reviewing your ToC:

- **Take a step back:** Look at the bigger picture to ensure the flow of change makes sense.
- Engage others: Get feedback from colleagues or stakeholders to check for gaps or unclear connections.
- Be honest: If parts of your ToC don't feel realistic, adjust them—this process is about learning and improving.
- **Focus on clarity:** A strong ToC should be simple, specific, and actionable.

### IS IT PLAUSIBLE?

Does the pathway of change tell a compelling and logical story about how your actions will lead to a trauma-informed workforce?

Do the intermediate and long-term outcomes connect clearly to the activities and interventions?

### IS IT FEASIBLE?

Do you have the resources, capacity, and support to implement the identified strategies and activities?

Are the goals realistic given your organisation's current position?

### IS IT TESTABLE?

Have you clearly defined how success will be measured for each outcome? Will you be able to track progress and recognise when you are moving towards your goals?

## How to use your theory of change to learn and improve

Your theory of change is not a static document—it's a tool for ongoing reflection, learning, and improvement. Once you have developed your theory of change, gathered evidence, and tracked outcomes, use the results to strengthen your services and deepen your trauma-informed approach.

### Improving your services

Reflect on your results to identify successes, challenges, and areas for growth. Ask yourself:

What are we doing well?

What needs to improve?

Are there any gaps in our services or unintended consequences?

Are some approaches more effective than others?

Print me



Review your indicators and update your theory of change as your understanding evolves. Build a culture of learning by:

- Regularly reviewing results with staff and leadership.
- Demonstrating how data is being used to improve services.
- Assigning responsibility to a senior leader to champion learning and action.

### Improving the system

Your results don't just help your organisation—they also contribute to strengthening the wider trauma-informed system.

**Share with partners:** Align efforts by sharing results with partner organisations to identify shared challenges and opportunities. For example, reviewing cross-agency protocols can highlight what's working and where improvements are needed.

**Share widely:** Contribute to the evidence base for trauma-informed approaches by sharing what works—and what doesn't—with networks, funders, and other organisations. Sharing learning helps improve practices across the system.

By using your theory of change to reflect, adapt, and share, you can continuously improve your services and contribute to the vision of a Trauma Informed Derbyshire.

### For your thoughts...