

Trauma-Informed Agency Assessment at East Bay Agency for Children

Introduction

This data brief contains results from a 2018 assessment of trauma-informed practice at East Bay Agency for Children (EBAC). The assessment was conducted as part of EBAC’s work with Trauma Transformed (T²), a Bay Area initiative to transform the regional, overlapping systems into a coordinated, trauma-informed system of care. The assessment at EBAC was conducted using the Trauma Informed Agency Assessment (TIAA).

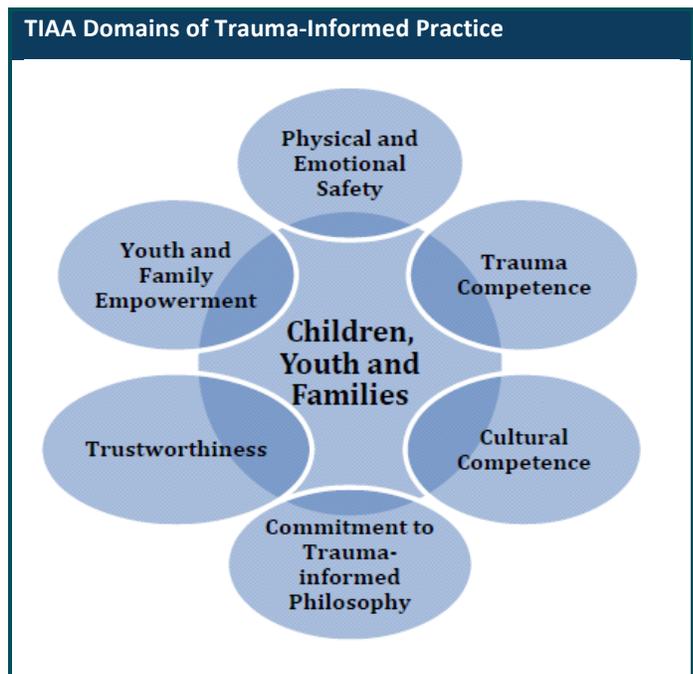
About the TIAA

The Trauma Informed Agency Assessment (TIAA) is a tool designed to measure the extent to which an agency is trauma informed. The tool was developed by Maine THRIVE in collaboration with youth and family members.

There are three versions of the TIAA: 1) the agency staff assessment, 2) the youth assessment, and 3) the family member assessment. The staff assessment is completed by employees at all levels and across all job positions, including front office staff, clinicians, and agency leadership. The youth and family assessments are completed by youth ages 12-20 who receive behavioral health services, and their caregivers.

The TIAA measures six domains of trauma-informed practice:

- **Physical and Emotional Safety** refers to whether an agency provides secure reception/waiting areas, non-judgmental treatment, and flexible scheduling, among other things, to promote a sense of safety.
- **Youth and Family Empowerment** refers to whether policies and practices empower clients through strength-based participation and/or community-based partnerships.
- **Trustworthiness** refers to whether factors such as consistency, accessibility of staff, and interpersonal boundaries foster trust between an agency and the consumer.
- **Trauma Competence** refers to the extent to which staff, policies, procedures, services, and treatment serve the unique experiences and needs of trauma survivors.
- **Cultural Competence** refers to the extent to which staff policies, procedures, services, and treatment accommodate the cultures, traditions, and beliefs of youth and family consumers.
- **Commitment to Trauma-Informed Philosophy** is the extent to which all agency staff with consumer contact integrate a trauma-informed philosophy in everything they do.



Commitment to Trauma-Informed Philosophy is only assessed on the staff version of the tool. The other five domains are captured through both staff and consumer perspectives.

How Trauma Transformed is using the TIAA



In choosing an assessment tool in the first year of the initiative, Trauma Transformed selected the TIAA because of the close alignment of the TIAA's six principles to the six guiding principles of T². Since its inception, T² has implemented the TIAA in a few different ways.

Early in the initiative's lifecycle, T² conducted a baseline regional assessment using the TIAA to get a picture of where agencies were, collectively throughout the seven-county Bay Area region, in terms of trauma-informed practice. Staff at various levels from multiple agencies in each county completed the agency staff version of the TIAA, and findings were shared back with initiative partners and participating organizations. The baseline regional assessment only sampled a small number of staff at each agency. Following the baseline administration, many organizations expressed interest in using the TIAA to do a full agency-wide assessment. With support from T² staff, organizations have administered the survey agency-wide, and used results to help inform their own organizational improvement plans.

Equipped with agency staff self-reflections on their organization's alignment with trauma-informed practice, T² stakeholders are eager to know how people receiving services experience their care and the organizations where they receive services. In T²'s fourth year, it implemented the consumer and family member versions of the TIAA to measure experiences of youth and caregivers.

T² conducted a pilot administration of the TIAA youth and family tools at East Bay Agency for Children (EBAC). The pilot would allow T² to work intensively with one agency to gather consumer surveys, and explore best practices and challenges that could help guide other agencies in conducting consumer assessments in the future.

About the TIAA Youth and Family Survey Pilot at EBAC

Surveys were collected at a total of 11 EBAC sites. Trauma Transformed staff worked closely with EBAC sites to orient agency staff to the process of administering the youth and caregiver surveys. This orientation helped ensure that staff understood the purpose of the Youth and Family TIAA as well as data collection procedures. Staff members were also equipped with talking points to help them explain the survey to youth and their caregivers and to invite them to participate.

About this report

This report presents findings from the 2018 administration of the TIAA for Youth and Families as EBAC. The purpose of this report is to share back findings about consumer experiences with EBAC staff. In addition, this report compares consumer ratings with those from EBAC staff for the purpose of assessing the alignment between staff and consumer experiences. Lessons from the TIAA youth and family pilot from EBAC, captured in this report, may assist other sites interested in conducting a consumer assessment of trauma-informed practice.



Methods

Consumer Engagement in Planning

The T² Evaluation Team participated in planning the youth and caregiver survey. The Evaluation Team is made up of T² staff, members of the Learning for Action (LFA) evaluation contractor team, and consumers including youth and family members. The Evaluation Team discussed aspects of survey implementation such as protecting participant confidentiality, addressing language and literacy considerations, communicating the value and purpose of the survey, and using an incentive to motivate higher response rates. Consumer participation in the planning effort was invaluable for ensuring that the survey process itself was respectful, minimized risk to participants, and was done in alignment with trauma-informed principles.

Data Collection

The youth and caregiver surveys were available as a paper survey and electronically in Survey Monkey. Participants could choose if they wanted to complete the survey on paper or online. The surveys were available in four languages: English, Spanish, Chinese, and Vietnamese, the four threshold languages identified by EBAC staff. Participants received a \$5 gift card for Jamba Juice for completing the survey as an incentive and a way of expressing gratitude for their participation.

Paper surveys were turned in and placed in a drop box. Online survey results were automatically transmitted to Learning for Action (LFA), the evaluator, for analysis. At the end of the data collection period, sites placed all completed paper surveys in a pre-addressed, sealed envelope which was delivered or mailed to LFA.

Strengths and Limitations

The design and implementation of the TIAA Youth and Family assessment pilot at EBAC has some strengths and limitations that should be noted when interpreting the results. These are discussed below.

Strengths

- **The survey looks at trauma-informed practices from multiple perspectives.** Gathering feedback from multiple stakeholder groups helps EBAC staff understand how well they are doing in certain areas of trauma-informed practice. Surveying youth and caregivers provides additional information from the consumer perspective that complements and can be contrasted with the staff self-assessment findings to learn more about how EBAC is doing and how consumer experiences may differ from staff perceptions.
- **Many people completed the survey.** The number of people who completed the survey provides a robust enough sample to get a reliable sense of how youth and caregivers experience services they receive at EBAC. The large sample size also allows for statistical testing to determine whether differences in results between groups (for instance consumers compared to staff) are likely to reflect a true underlying difference in the perception of services, or whether those differences in the pilot sample may be due to chance alone.

Limitations

- **Language and literacy barriers may impact results.** There were some language accessibility and literacy issues which may compromise the reliability of the caregiver findings. Some family members did not speak any of the languages in which the survey was available. In particular, there were a number of caregivers who spoke Mam, a Mayan language spoken in some Central American regions. In addition, there were family members who were not able to read and write well enough to complete the survey without assistance. In order to ensure that the survey was accessible to all consumers and family members interested in participating, staff did their best to help participants complete the survey, including filling the survey out with them, trying to explain questions' meaning, and at times communicating with the help of children or other family members to translate questions. This has the potential to impact responses in a few ways. Because their responses are not confidential, participants may provide more positive responses than they would have if they were completing the survey by themselves, in order to be polite and not offend agency staff. Some participants may not have fully understood the meaning of all the questions, and their responses may not



accurately reflect their perceptions of care. Finally, there may be people who did not complete the survey at all because language or literacy felt like a barrier to them. Since there is no way to know which, if any, of these biases may have occurred, and whether scores may have been higher or lower as a result, it is not possible to account for any impact that language and literacy challenges have on the findings. It does not mean that the results are not valuable, but it is important context to consider when interpreting the findings.

- **Youth, caregiver, and staff ratings do not proportionately reflect the same programs and services.** The survey was administered at 11 sites which provide an array of services. Youth and caregiver survey respondents are not distributed evenly across these sites and services. (For instance, respondents from programs providing therapeutic preschool represent only caregivers, since the children are too young to complete the survey themselves, while the majority of respondents receiving school-based services are youth completing the survey for themselves.) The main implication of this uneven programmatic affiliation of youth versus caregivers in the survey sample is that *a difference in youth and caregiver scores cannot be interpreted to necessarily mean they are scoring the same service differently from each other.*

Similarly, the EBAC staff who completed the staff TIAA do not precisely reflect the same program and service mix as the youth and caregiver sample. This is important to take into consideration when interpreting differences between stakeholder groups.

Who Completed the TIAA?

Participant Demographics

The TIAA for youth and families was completed by a total of 114 people. Of these, 63 were service recipients between the ages of 12 and 20, and the other 51 were caregivers (parents or guardians of youth receiving services).

Exhibits 1 and 2 below show the ages of youth and caregivers who completed the TIAA. The youth version of the survey is designed for youth between the ages of 12-20, and the youth completing the EBAC survey were fairly evenly spread between the three youngest age ranges shown in Exhibit 1 below, with only 3% of youth between the ages of 19-20. The largest proportion of caregivers who completed the survey were between the ages of 35-44 (36%), followed by ages 25-34 (30%), and just over a quarter (26%) under 24 years of age, with 18% of all caregivers under the age of 18.

Exhibit 1. Ages of Youth who Completed the TIAA

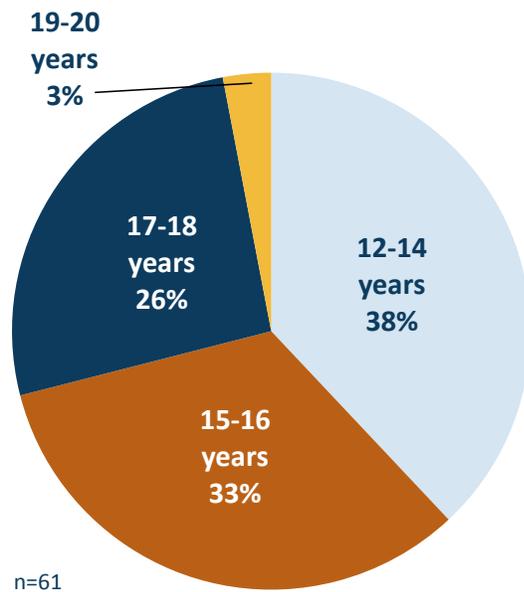
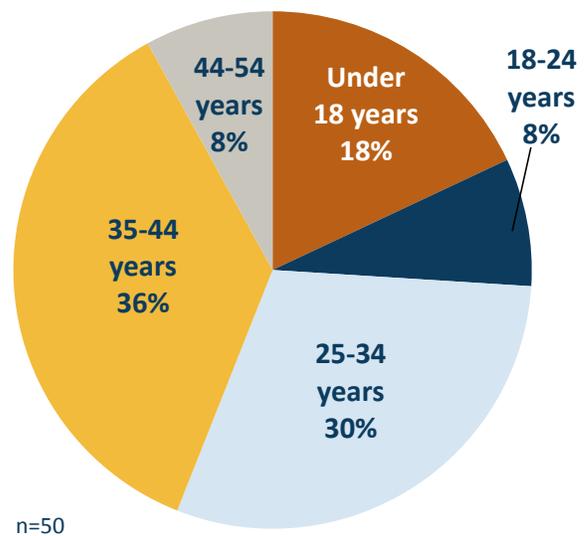


Exhibit 2. Ages of Caregivers who Completed the TIAA



More surveys were completed by females than males for both consumer groups. Among respondents to the youth survey, 70% identify as female and 30% as male. Among caregivers, the gap is even more pronounced, with 88% of surveys completed by female caregivers and only 12% by male caregivers.

The charts below show the languages in which the surveys were completed, with the vast majority of youth surveys completed in English and only 2% completed in Spanish. The majority (74%) of caregiver surveys were completed in Spanish, and the remaining 26% in English. Interestingly, no surveys were completed in either of the other two languages in which it was available (Chinese, or Vietnamese), which were identified by staff as languages spoken by portions of the EBAC consumer/caregiver population. Also important to note is that this reflects the language in which the survey was completed, and not the respondent's self-reported primary language. As noted earlier, some caregivers completed the survey with assistance from a staff member, and do not speak either English or Spanish as their primary language.

Exhibit 3. Youth Survey Language

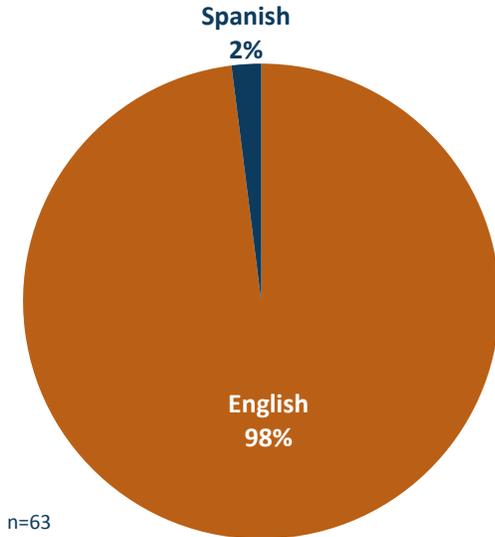
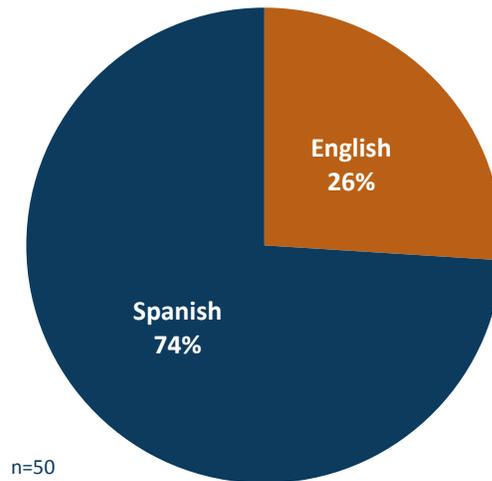


Exhibit 4. Caregiver Survey Language



Youth and caregivers who completed the TIAA survey differ by racial/ethnic makeup. The largest proportion of youth surveyed identified as Black/African American (42%), followed by Latino/Hispanic (32%). The vast majority of caregivers surveyed identified as Latino/Hispanic (84%).

Exhibit 5. Race/Ethnicity of Youth Surveyed

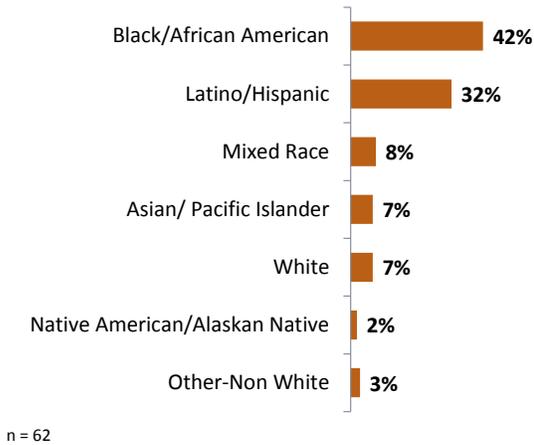
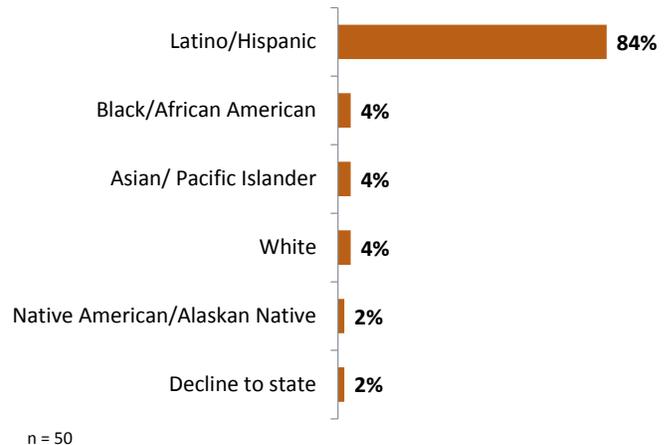


Exhibit 6. Race/Ethnicity of Caregivers Surveyed

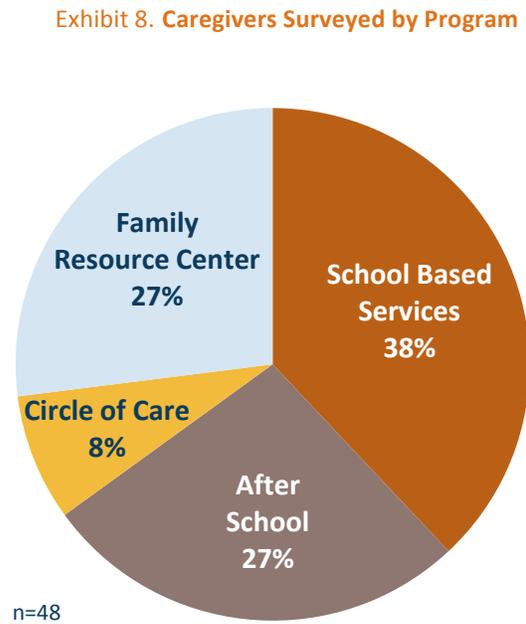
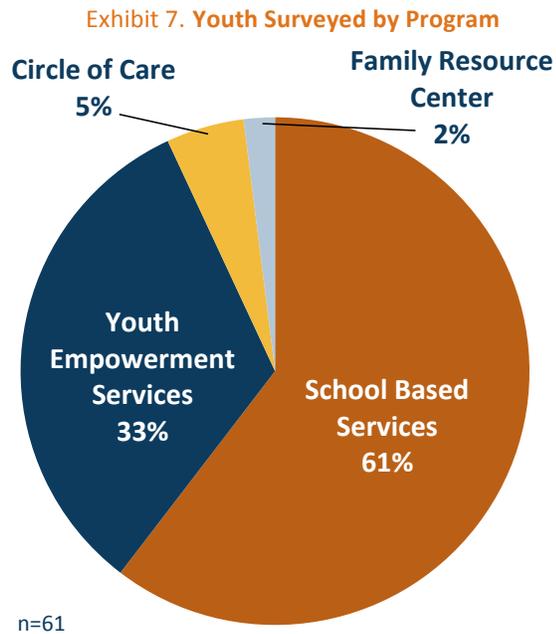


As noted in the methods section above, the TIAA versions for youth and family members were administered at 11 EBAC sites that offer different types of programs. Exhibits 7 and 8 illustrate the different makeup of programs represented by the youth surveys compared with the caregiver surveys.

Youth surveys were collected from Youth Empowerment Programs (Rudsdale, Dewey, and Bunche), School Based Services (Frink Middle School, San Leandro High School), Family Resource Center (Central/Lakeshore, Achieve, San Leandro), and Circle of Care. The majority of completed youth surveys were from school based service sites (61%), followed by Youth Empowerment Services (33%).

Caregiver surveys were collected at some of the same sites along with some different sites serving younger children (who are not old enough to complete the survey). Therefore, even within program categories, there are some differences in the sites represented. Caregiver surveys were collected from After School Programs (sequoia Elementary, Achieve), School Based Services (Cherryland Elementary, Frick middle School, San Leandro High School, Sequoia, Therapeutic Nursery School), Family Resource Centers (Central/Lakeshore, Achieve, San Leandro), and Circle of Care. The largest proportion of

caregiver surveys were collected from School Based Service sites (38%), followed by Family Resource Centers (27%) and After School sites (27%).



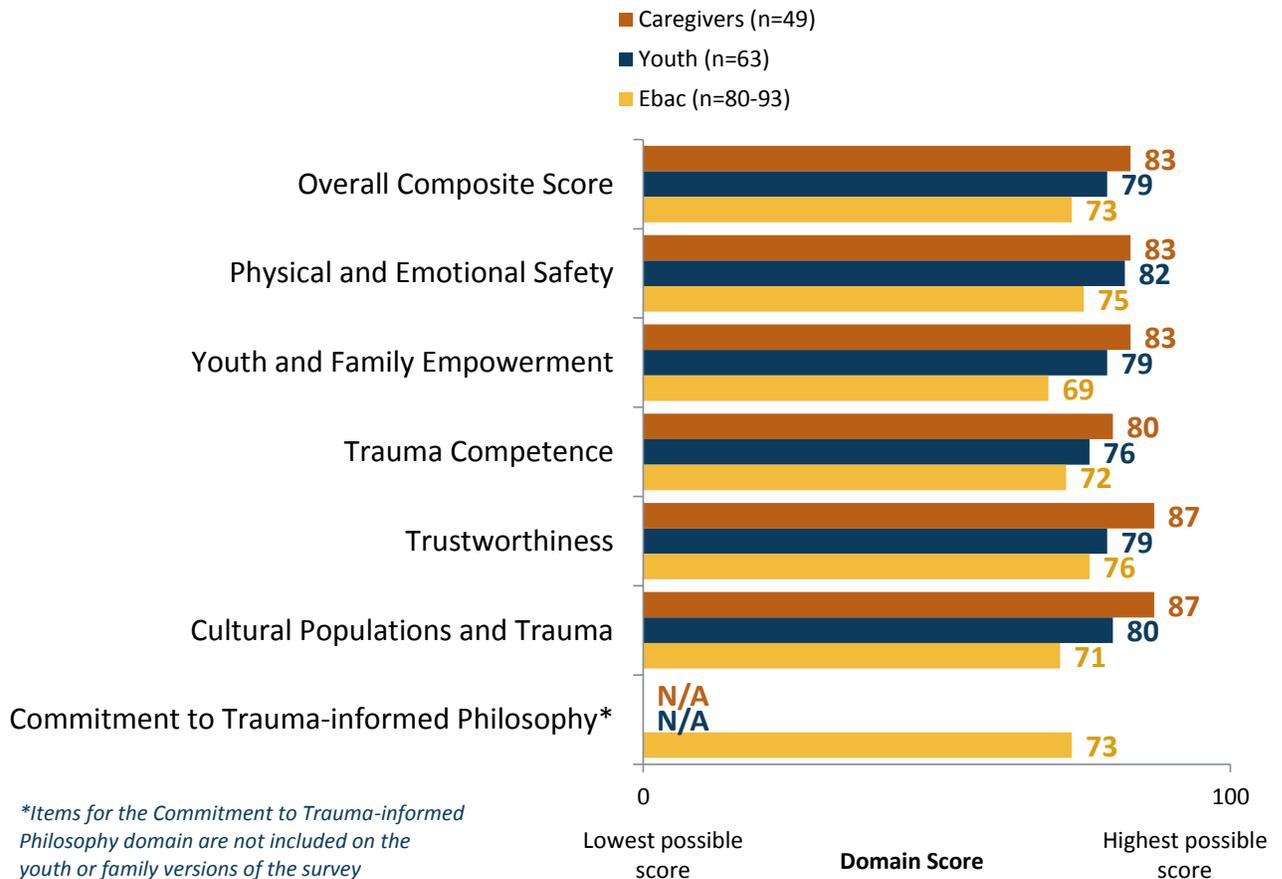
Nearly all youth surveyed receive services in a school setting (95%), and only 5% in a home or community setting. The children of caregivers surveyed also primarily receive services through school based settings (82%), but a slightly larger proportion is served in a home or community setting (18%) compared to youth completing the survey.

What do the Data Tell us About Trauma-Informed Services at EBAC?

Domains of Trauma-Informed Practice

Youth, Caregivers, and EBAC staff shared their perceptions of EBAC’s performance along five domains of trauma-informed practice. The staff survey also measures a sixth domain (Commitment to Trauma Informed Philosophy). Results are calculated for each domain, and as an overall score across all domains, as a rating out of a possible score of 100. The youth, caregiver, and EBAC staff ratings are shown in Exhibit 9 below.

Exhibit 9. Youth, Caregiver, and Staff Perceptions of Trauma Informed Practice



Alignment of Staff and Consumer Experiences

A striking trend in the survey findings is the difference between stakeholder groups. Caregivers rated EBAC’s trauma-informed practices the most positively out of the three stakeholder groups, followed by youth. EBAC staff provided the lowest ratings. This trend holds true for all five of the trauma-informed practice domains. While it is important to recall that the programs about which youth, caregivers, and EBAC staff are responding are not precisely the same mix of programs, these findings strongly suggest that EBAC staff provide more critical assessments than do consumers, and that caregivers tend to experience EBAC as more trauma informed than the youth receiving services.¹

¹ See Methods section for more information about the programs represented and implications for interpreting findings.



The greatest discrepancy in scores is between caregivers and EBAC staff. Caregiver ratings are significantly higher than staff ratings for all five shared domains.² Caregivers' ratings are higher than youth ratings. While caregiver ratings are higher than youth ratings for all five domains, the gap is widest for the domains of Trustworthiness and Cultural Populations and Trauma, where there is a statistically significant difference.³ The ratings provided by youth are higher than staff ratings for every domain. The difference is statistically significant for the domains of Physical and Emotional Safety, Youth and Family Empowerment, and Cultural Populations and Trauma.

In addition to differences in how stakeholders rate each domain, there is also some variation in how the three stakeholder groups rate the domains relative to one another. Trustworthiness is rated the highest by caregivers and by EBAC staff, but youth rate Trustworthiness more moderately, placing it third out of the five domains. Physical and Emotional Safety is rated the highest by youth who completed the survey. Cultural Populations and Trauma is another domain rated highly by youth, and caregivers also rate this domain among the top two, while EBAC staff perceive this as one of the weaker areas relative to the other domains.

There is greater alignment in stakeholder groups' perceptions of Trauma Competence and Youth and Family Empowerment, with all stakeholder groups rating these relatively lower. Staff rate Youth and Family Empowerment as the lowest of the five shared domains, and youth and caregivers rate it in the bottom two. Trauma Competence is the lowest rated domain among youth and caregivers, while it ranks third by EBAC staff. These findings suggest that these are mutually perceived as areas for potential development.

Variation within Youth and Caregiver Experiences

Youth and caregivers who completed the TIAA survey are diverse groups themselves. In addition to highlighting differences between youth and caregiver experiences, and differences between consumer and staff experiences, the data can also be used to explore how different groups of youth and caregivers perceive the services they receive at EBAC.

Younger caregivers have different experiences than older caregivers. TIAA ratings for all five domains are lowest among the youngest caregivers (those who are age 24 or younger). The difference between the youngest caregivers and older caregivers (ages 25-35, and ages 35-44) is statistically significant for all trauma-informed practice domains. The results of young caregivers resemble those of youth consumers who completed the survey. This suggests that age itself may play a role in how consumers perceive care, with younger consumers (whether clients or caregivers) experiencing care as less trauma informed. While youth as a whole rate the domains lower than caregivers overall, there are no statistically significant differences among youth ratings based on age.

English and Spanish speakers report similar experiences of services at EBAC. Based on the survey findings, primary language is not a factor that impacts caregivers' experiences of care at EBAC. There were no statistically significant differences in caregiver responses between participants who primarily speak English compared to those who speak primarily Spanish. There are a few limitations to keep in mind however, when interpreting these findings. First is that the surveys were only completed in two languages, English and Spanish (even though surveys were also available in Chinese and Vietnamese). Because only English and Spanish speaking caregivers are represented by the survey, the findings cannot be generalized to all caregivers (including other non-English speakers), because their simply isn't data to support it. Another limitation is that some of the participants who completed the survey had difficulty with reading, writing, or understanding the survey, and had someone else assist them to complete the survey. As described in the methods section, it is possible that the ratings shared by individuals who completed the survey with help from a staff person are not as accurate as those who completed the survey by themselves, which could potentially mask differences based on primary language spoken.

² Caregiver ratings are significantly greater than staff ratings at the .001 level for Youth and Family Empowerment, Trustworthiness, and Cultural Populations and Trauma, at the .01 level for Physical and Emotional Safety, and at the .05 level for Trauma Competence.

³ The difference between caregiver and youth ratings for Trustworthiness and Cultural Populations and Trauma is statistically significant at the .05 level.



Because only one person completed the youth version of the survey in Spanish, the sample is too small to examine differences in youth experiences by language.

Consumer experiences do not differ significantly between EBAC programs. Analysis of youth and caregiver feedback by program site does not yield any significant differences. This comparison is only possible however for sites with a sufficient number of survey responses, so some program sites are excluded from the analysis. Youth data collected from school based programs and youth empowerment program sites were compared and show no significant differences in scores. Similarly, no differences were noted between caregivers whose children are served by school based programs, after school programs, or family resource centers.

A Closer Look at Youth and Caregiver Experiences

The set of charts below show youth and caregiver responses to each of the sub-questions that make up the five domains of trauma-informed practice. This adds a level of nuance to the findings, by virtue of showing not only averages, but also where youth or family members perceive elements of trauma-informed practice as particularly present or lacking. Furthermore, while the domain score weighs each sub-question equally, agencies may wish to use the question-by-question responses to inform which practices and aspects of trauma-informed care to prioritize in improvement efforts.

Exhibit 10. Physical and Emotional Safety

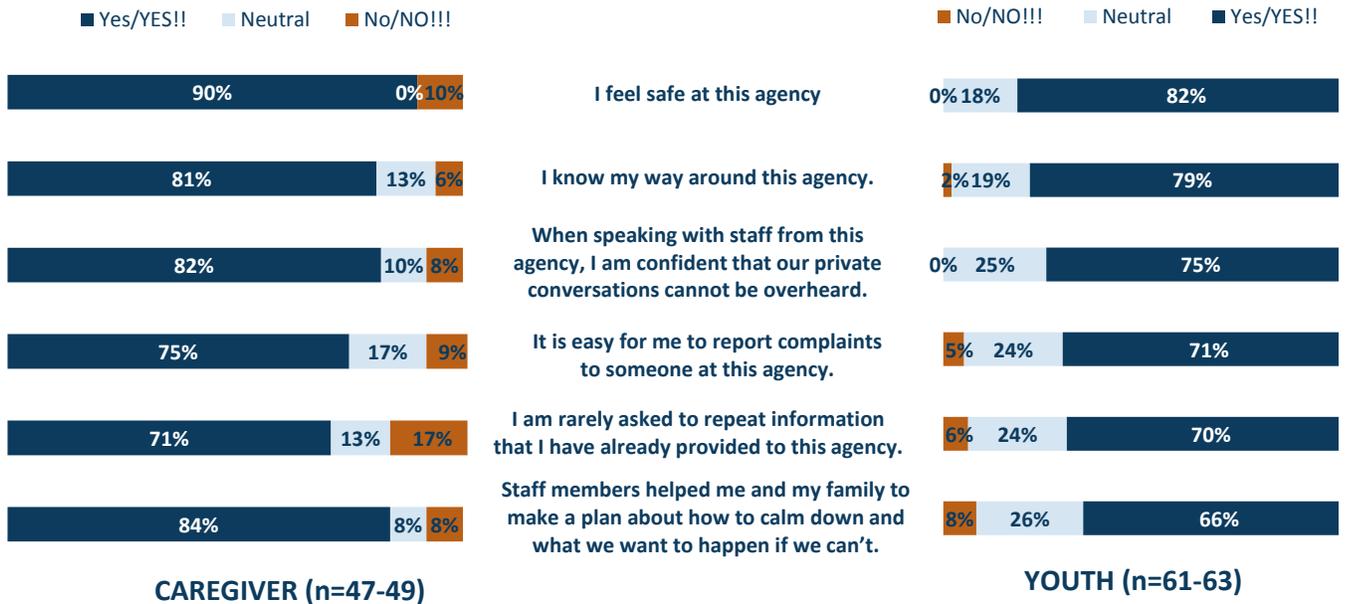


Exhibit 11. Youth and Family Empowerment

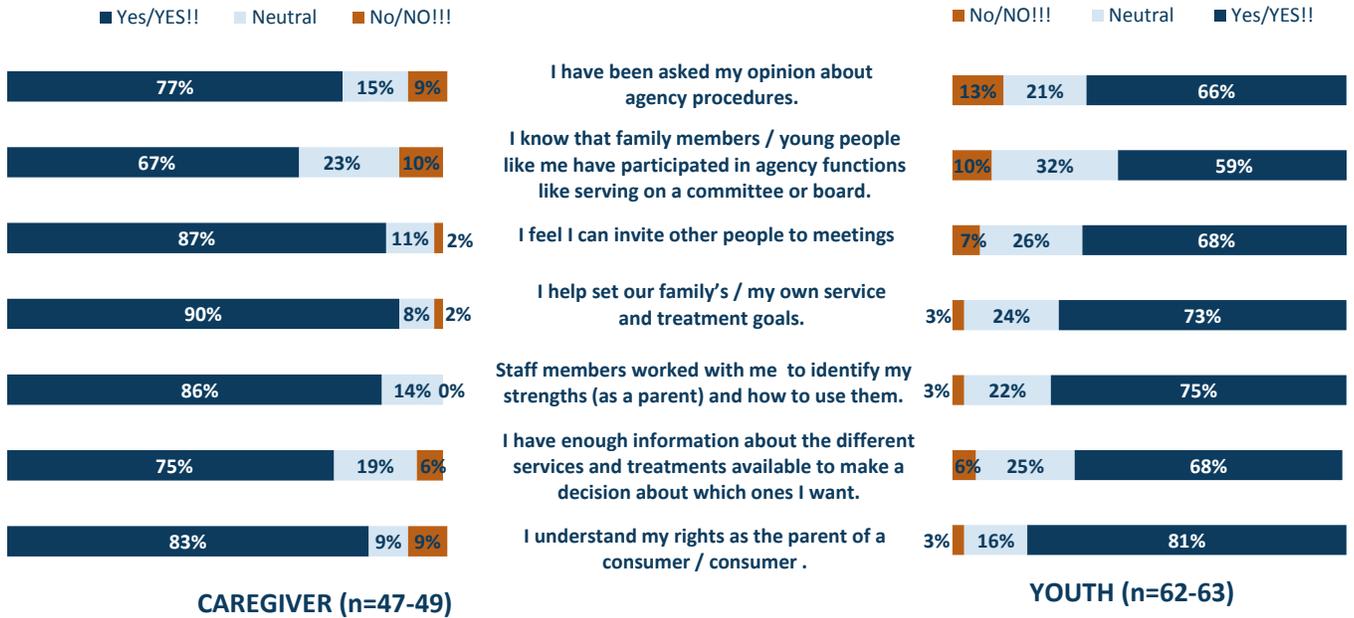


Exhibit 12. Trauma Competence

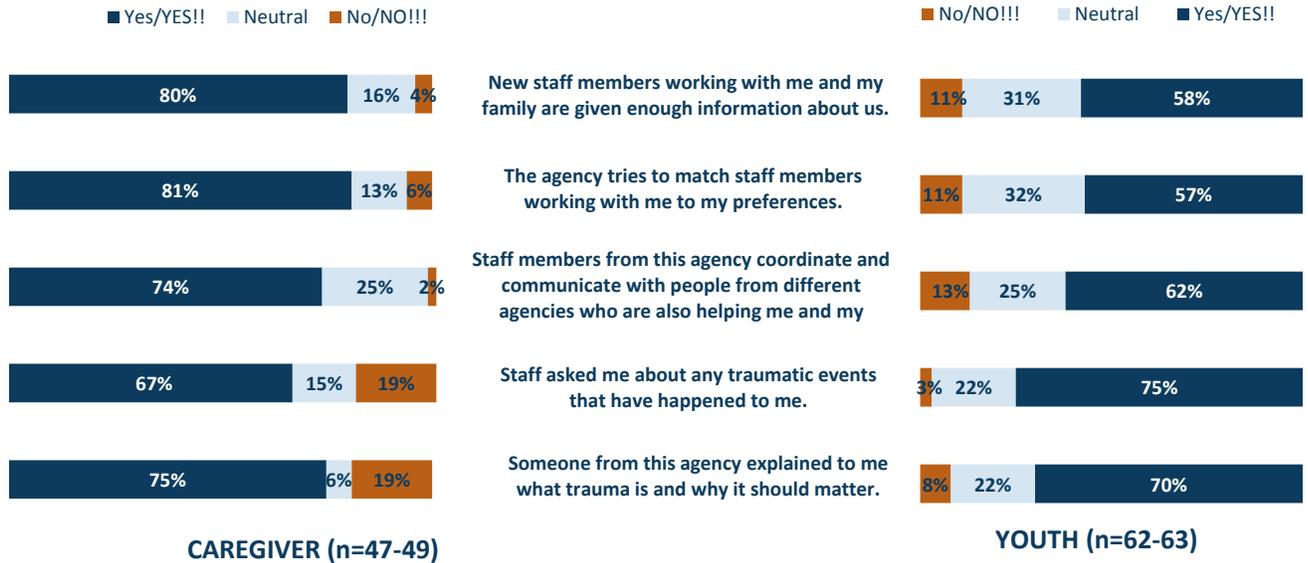


Exhibit 13. Trustworthiness

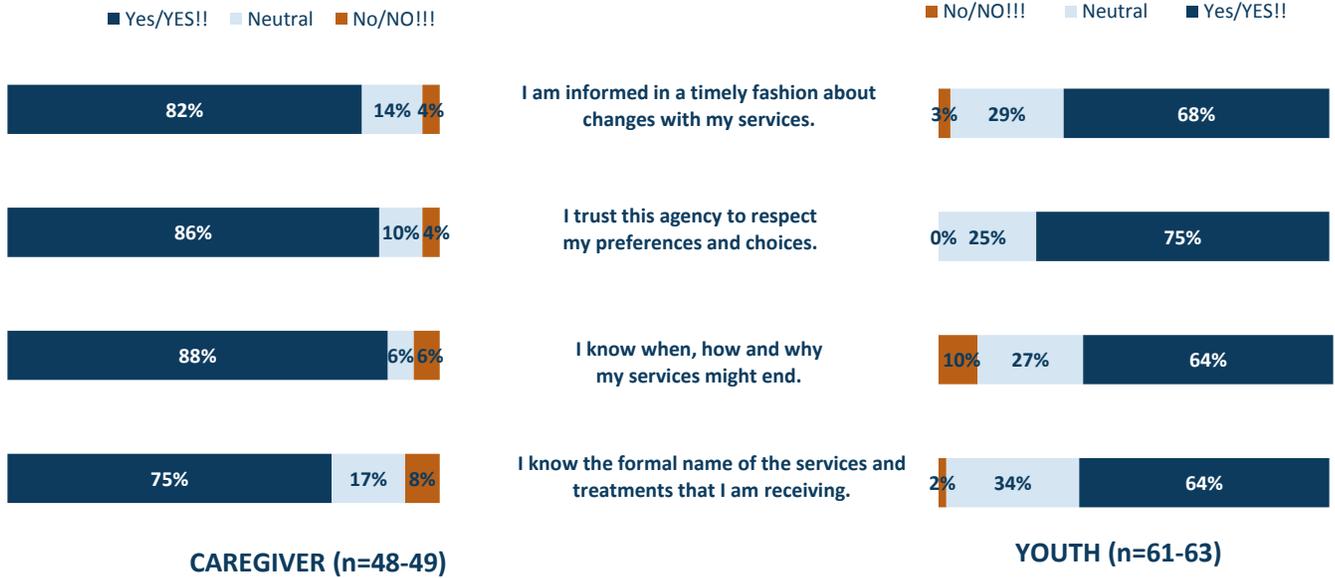
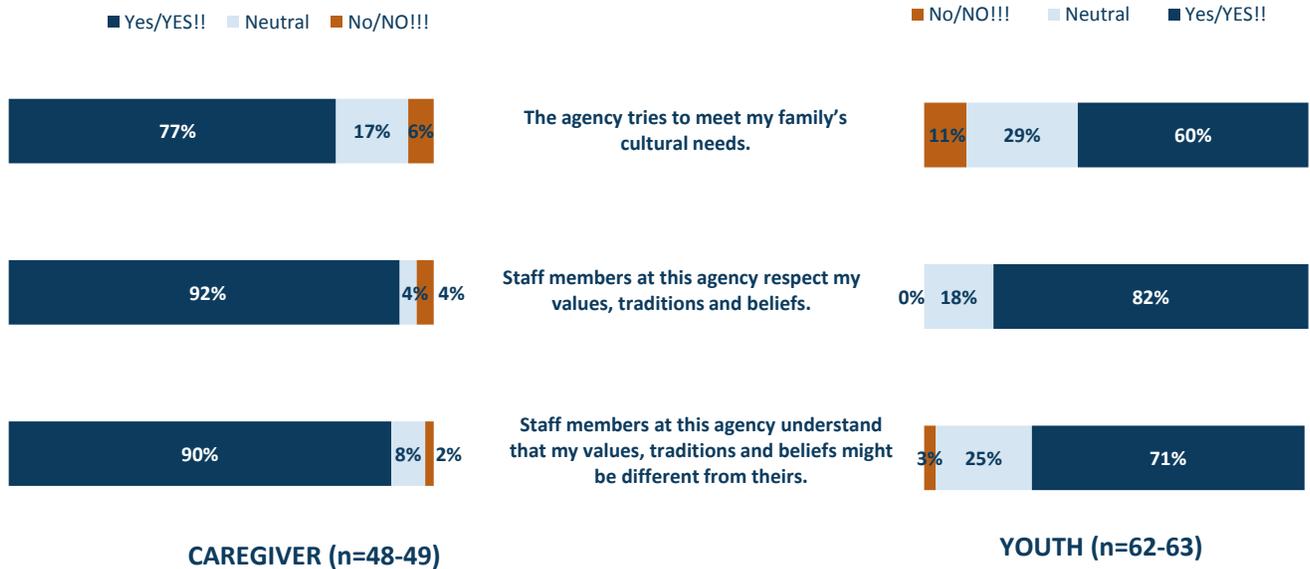


Exhibit 14. Cultural Populations and Trauma



Conclusion

Lessons and Next Steps

Below are some key lessons from the TIAA that can inform EBAC's ongoing effort to become a more trauma-informed organization.

- **Young people perceive care as less trauma-informed than adult/older caregivers.** Youth ratings are consistently lower than those of caregivers. And interestingly, the youngest caregivers (ages 24 and under) rate EBAC similarly to youth service recipients, providing scores that are significantly lower than older caregivers. EBAC should strive to better understand and address the areas in which young people's experiences of services are not in line with trauma-informed practices.
- **Consumer experiences suggest Youth and Family Empowerment and Trauma Competence as priority domains for improvement.** Both service recipients and caregivers rate these two domains lowest of the five domains. EBAC should explore the survey findings, including reviewing the specific practices that make up each of these domains (shown in Exhibits 11 and 12) to learn more about where ratings are lower and to identify actionable areas for change.
- **The findings provide insight into specific practices that may not be consistently applied in all settings with all consumers.** The question-by-question results (shown in Exhibits 10-14) show the proportion of respondents who indicate that they do not experience certain best practices being applied in the care they receive. This nuanced information can help EBAC strategize and prioritize organizational development efforts. For instance, these findings can help EBAC identify areas for improvement that are most easily addressed (e.g. "low hanging fruit"), and those that EBAC considers most important.
- **Staff ratings are consistently lower than consumer ratings.** EBAC staff may benefit from the reassurance that youth and caregivers experience services at EBAC as more trauma informed than their own self-assessments suggest. Though this not to discredit staff perceptions of where there is room for improvement. It is likely that staff has unique insights into aspects of program and service delivery, and their perspectives are important and valuable for helping surface ideas for growth and development as a trauma-informed organization. The TIAA findings can serve as a platform for having conversations with staff about goals for EBAC's ongoing improvement efforts.
- **Staff ratings place Cultural Populations and Trauma fifth out of the six domains on the staff survey.** What is surprising about this result is that both youth and caregivers rate this domain in the top two. It raises questions about a) what are the gaps that EBAC staff perceives in how the organization and programs incorporate the practices within this domain, and b) is there a reason that this is not reflected in the consumer versions of the survey. The latter points to the possibility that the pilot survey did not successfully reach a diverse enough sample of EBAC's clients to fully capture some of the areas for improvement that clients may experience. If EBAC conducts future consumer assessments, it should consider ways to increase survey participation among diverse client populations. In the meantime, EBAC can learn from staff's insights to develop approaches to strengthen the organization's practices in this domain.
- **Unforeseen challenges raise questions about how accurately the TIAA captured perspectives of non-English speakers, and those with limited literacy.** EBAC staff and the T² Evaluation Team gave considerable thought to making the survey as accessible as possible, including having the survey translated into four languages. However, there were families interested in participating that were unable to complete the survey in any of the available languages, without assistance. In line with a trauma-informed value of inclusivity, staff provided help to explain, translate, and complete the survey with caregivers, to the best of their ability. While the TIAA pilot results show no significant differences based on caregiver language, the methodological challenges and potential for bias leave question as to whether non-English speakers mirror their English speaking counterparts in their experiences of trauma-informed care at EBAC. In future surveys of consumer experience, EBAC or other agencies should consider ways to maximize opportunities for all families to complete the assessment confidentially and as accurately as



possible. If use of a translation line (a best practice recommendation from Maine THRIVE, the TIAA developer) is not feasible, agencies that rely on staff assistance to help families complete the survey should track which surveys were completed with and without help. This allows for analysis of whether surveys completed with assistance show different results than those completed independently.

Lessons about administration

The following tips and best practices for surveying youth and family members are based on the TIAA pilot at EBAC.

- **Consider, and build in time to address, language barriers.** Sites surveying consumers should consider the language and literacy needs of the population they serve, and work to make the survey as accessible as possible, within the logistical and resource constraints of the program site. If there are participants who need help completing the surveys because of language or literacy barriers, consider the potential limitations and challenges for getting an accurate picture of consumers' experiences. (For instance, consider who can help the consumer or family member complete the survey without compromising confidentiality). A best practice recommended by Maine THRIVE, the developer of the TIAA tool, is using a toll-free phone number for language support.
- **Allow sufficient time to support staff with survey planning and implementation.** It is important to ensure that staff fully understands the purpose and goals of the surveys, their role, and feel prepared and equipped to participate in the survey administration process. If conducting surveys at multiple sites, consider strategies to make the process more manageable, such as administering surveys at one site at a time to provide each site with dedicated support.
- **Consider what survey format(s) will work best for the program site.** (e.g. paper surveys, online, or both). EBAC had success with using paper hardcopy surveys, but encountered challenges with doing online administration. Some challenges with online administration included not having access to tablets for use onsite, and having an effective and easy system to offer the incentive (and ensure survey completion) to participants who wanted to complete the survey online from their mobile device or at home. EBAC invested time having the online version of the surveys programmed into four languages with the hope that it would provide greater access, but these other challenges were barriers to using the online surveys.
- **Offer an incentive (or a few incentive options) that are relevant and appealing to the youth and families your organization serves.** If possible, offer various incentive options, and ideally involve youth and families in the planning group to help make decisions about what options might be best for a given site.