



Embracing Trauma-Informed Care

A GUIDE FOR NONPROFITS AND FUNDERS





In recent years, nonprofit organizations have begun to understand the importance of providing services based on trauma-informed best practices. But bringing a trauma-informed lens to care delivery is difficult for busy, under-resourced nonprofits, as it requires time and funding.

Launched in 2018, Co-Creating Well-Being was a unique multi-year initiative of the Health Foundation for Western & Central New York (the Health Foundation) designed to address the impact of trauma on young children and families. This report provides an overview of the project and the lessons it offers for community-based organizations and funders who wish to incorporate trauma-informed care into their work.

BACKGROUND:

How nonprofits can address the impact of trauma

Since the landmark CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study was completed in 1997, there has been growing recognition that traumatic childhood events and toxic stress lead to a wide range of poor health outcomes.¹ Families living in poverty and people from marginalized racial groups are particularly vulnerable to stressors that increase the risk of heart disease, diabetes, substance use disorder, depression, and other illnesses.

Trauma is common.

It is difficult to estimate the precise scope of the problem, given the many different forms that trauma can take and the sensitive nature of many traumas. But there is plenty of evidence that a large share of the population is at risk:

- Most older adults have experienced at least one traumatic event in their lifetime²
- In the United States, about 21% of children live in poverty
- 1 in 5 women and 1 in 13 men have experienced childhood sexual abuse
- 1 in 5 women experience adult sexual assault or dating violence³

In some western and central New York communities, the share of children living in poverty is twice as high as the national rate, meaning that over 2 in 5 youth are vulnerable to trauma.⁴

Western New York agencies have a history of championing trauma-informed care. In 2008, community leaders who participated in the Health Foundation for Western & Central New York's Health Leadership Fellows program formed a coalition to address trauma in western New York. Through the Trauma-Informed Community Initiative of WNY Coalition, leaders from a diverse group of agencies collaborated to develop a Trauma-Informed Community Plan.⁵ The coalition was supported in part through the

Trauma-Informed Care (TIC) is an organizational change process that requires all individuals, practices and protocols, and environments to engage in universal precaution for trauma.

UB ITTIC

Six Guiding Principles of a Trauma-informed Approach

- 1 Safety
- 2 Trustworthiness and transparency
- 3 Peer support
- 4 Collaboration and mutuality
- 5 Empowerment, voice, and choice
- 6 Cultural, historical, and gender issues

[Substance Abuse and Mental Health Services Administration](#)

University at Buffalo (UB) School of Social Work, which formed the Institute on Trauma and Trauma-Informed Care (ITTIC) in 2012. ITTIC has helped build awareness of trauma and trained many agencies in the region in trauma-informed care.

In 2017, the Health Foundation commissioned a scan to assess the trauma-related services and supports available to women and children in the western New York region. [The scan](#), conducted by UB researchers, found that while many organizations in the region had received some training in trauma, few agencies described themselves as being *trauma-informed*. Some agencies expressed concern about not having access to trauma-specific interventions and training. **The Health Foundation took everything it learned - from empirical research, local service providers, and community scans - and applied it to the design of Co-Creating Well-Being.**

Co-Creating Well-Being

Co-Creating Well-Being (CCWB) aimed to address trauma among parents and caregivers of young children by co-designing solutions with the community. CCWB had three main phases, each of which built an organization's capacity to work in new ways – engaging community members in the planning process.

PHASE 1

Phase 1 trained providers who work with families of young children on the principles of trauma-informed care and human-centered design. The Health Foundation partnered with The Chautauqua Community Foundation, The John R. Oishei Foundation, The Peter and Elizabeth C. Tower Foundation, and The Ralph C. Wilson, Jr. Foundation to support the program. Over an 18-month period, the collaborating funders organized six large trainings – three focused on trauma-informed care (TIC) and three on human-centered design (HCD). Trainers included academic partners, consultants, and community-based organizations (CBO) such as Native American Community Services and CoNECT (formerly the Community Health Worker Network of Buffalo). The CBO partners were engaged to share their perspectives and reinforce the importance of cultural competency in client engagement.

Human-Centered Design (HCD) is an approach to problem solving that centers the people experiencing the problem. It aims to “design with and not for” people.

The HCD process is a cycle of five phases (see image), starting with defining the problem. The process is iterative, involving work to continuously gather feedback, test small improvements, and refine plans. HCD relies on asking questions of the people who will experience programs and trusting them as experts and collaborators.



Phase 1 trainings aimed to reach a wide range of providers and help them understand how crucial it is to listen to and collaborate with communities receiving services. On all measures, Phase 1 was a success. The trainings reached a combined total of 415 people across 182 different organizations in 21 counties of New York State.⁶ Evaluators found that the trainings were well-received, introduced many people to HCD, and significantly improved participants' understanding, giving them the foundation they needed for Phase 2.

“Human-Centered Design provides a toolkit for deeply understanding people’s needs and experiences, generating ideas to meet those needs, and then testing solutions with—and learning from—the people that will use the program or service.”

Overlap Associates’ Insights Report

PHASE 2

Phase 2 engaged community members throughout the western and central New York regions by using the tools of Human-Centered Design. The goal of HCD is to *design with and not for* community members. To prepare organizations to do this, the Health Foundation worked with consultants at Overlap Associates to offer organizations eight in-person workshops, five webinars, numerous blog posts, videos, and concrete engagement [tools](#). All tools were made available online to organizations and staff unable to attend the in-person training.⁷

Altogether, 318 people from 138 organizations across all 16 western and central New York counties participated in Phase 2 trainings.⁸ Their collective efforts resulted in clients and community members completing 1,353 engagement tools. Overlap Associates then used this feedback to develop an [Insights Report](#) to help organizations better understand community perspectives and generate ideas for programs that would respond to community concerns.

"The process has helped us slow down, not start with a solution, and not try to lead in any way but watch where the process goes naturally, and listen to what participants want to say."

CCWB Grantee, in Engage R+D's 2021 Key Takeaways from Grantee Kickoff Calls report

PHASE 3

Phase 3 funded organizations to implement local programs based on learnings and insights from Phases 1 and 2. The Health Foundation awarded funding to 13 diverse agencies in western and central New York agencies; they included a rural health network, a housing authority in Buffalo, a CBO serving New Americans in Syracuse, and a county-wide network of early childhood providers.⁹

Phase 3 began with a four-month planning period where agencies brainstormed, refined, and tested out ideas for new trauma-informed programming. After the planning period, grantees received several non-monetary capacity-building supports:

- Human-Centered Design coaching from consultants
- Technical assistance support to foster connection among grantees
- Training in Results-Based Accountability (RBA)

Evaluations show that grantees found this training and support to be extremely valuable, both for their CCWB projects and for changing their organizations' practices overall.

"The population we serve, just by definition, has experienced a lot of trauma, but in addition, our staff also has experienced a lot of trauma as well... [our program] recognizes that, and then moves past that towards resilience."

CCWB grantee, in Engage R+D's 2022 CCWB Evaluation Year 1 Learning Report

Following Phase 3, the Health Foundation began a targeted expansion aimed at spreading CCWB's learnings throughout networks. A select subset of three grantee organizations were invited to participate in CCWB for an additional year in 2023. These grantees implemented projects while participating in a learning collaborative. The learning collaborative convened grantees to learn and share about trauma-informed practices, Results-Based Accountability, and practices necessary for co-creating transformative change. The final session focused on the values that communities need for healing spaces.

"Trust was a universal value all programs were working to build in their communities, from engaging trusted messengers to building community awareness of the practices that erode trust."

Monique R. Fletcher, Principal Consultant, in CCWB Learning Collaborative Report (December 2023)

TAKEAWAYS:

Lessons for community-based organizations

The experience of organizations in CCWB offers many lessons:

1. CBOs need to embrace trauma-informed approaches.

People receiving services are highly likely to have toxic stress and past trauma that influences their behavior and makes them less receptive to help. Interactions with staff who do not understand trauma can lead to poor outcomes and secondary trauma. Trauma-informed approaches help organizations foster environments where both clients and staff feel safe, supported, respected, and valued. CCWB grantees reported many positive outcomes, such as how clients and staff were empowered by being involved in decision-making processes.

2. CBOs need to engage the community in program planning. Although organizations recognize that community engagement is important, they often lack concrete tools and funder support for a planning phase that enables them to involve the community before programs start. Many found that the CCWB trainings in Human-Centered Design shifted their focus from delivering programs to achieve specific outcomes to focusing on *how* programs get delivered.

"[I] can't believe for all these years human services have just designed programs without [clients] at the table co-creating with them."

Grantee, in Engage R+D's CCWB Evaluation Year 1 Learning Report (March 2022)

3. Organizational change takes leadership buy-in and willingness to work in new ways. Evaluators found that organizations adopted 'trauma-informed' principles when they were able to cultivate buy-in, be flexible, and convince others that it was worth the time and effort to design programs in partnership with their clients. Leadership buy-in was crucial because it helped ensure that all staff received the right training and that principles were integrated into organization policies and practices.

"I think the main challenge is getting other people, adults in power, to understand or see the value in [the HCD process]..."

Grantee, in UB School of Social Work's CCWB Qualitative Project Report (April 2022)

4. Human-Centered Design work can be uncomfortable.

Clients often have long histories of negative experiences with service providers that make them distrustful. Some people, especially those who are receiving services involuntarily (e.g., people referred from juvenile justice or child welfare), are likely to resist optional requests from staff. Agencies reported the need to be very careful about how you engage clients, understanding that they may be on guard or just not have the time or interest in engaging. Being patient and accepting input from clients can also be challenging for staff who are used to delivering programs that they fully design and control.

5. Trauma-informed work requires investment of time, but there can be long-term benefits. Building trust takes time. However, the time spent listening to clients, building relationships, and creating systems for community engagement can help organizations over the long-term.

In May 2022, there was a mass shooting at the Tops supermarket in a predominantly Black neighborhood of Buffalo. CCWB grantees found that they were able to use trauma-informed approaches and human-centered design principles in their responses. A grantee that had created an advisory council through their CCWB project was able to turn to this group to get community feedback after the shooting, so their organization could better meet the community's needs.

Grantee, in UB School of Social Work's CCWB Qualitative Project Report (April 2022)

6. There are many simple ways to start implementing trauma-informed work. Organizations do not need to commit to a multi-year program or spend a great deal of money in order to adopt practices that benefit their clients. The Health Foundation's website at HFWCNY.org offers many resources about trauma-informed care and 'light-touch' ways to implement human-centered design.

Tools to get you started

The Health Foundation offers dozens of high-quality resources that are available in an easy-to-access [Online Learning Hub](#). It includes:

- Training modules on Trauma-Informed Care, Human-Centered Design, and Diversity Equity and Inclusion:
 - Clear explanations of the research
 - Engaging videos and multimedia resources
- Videos and concrete tools for:
 - Engaging clients and community members in designing and improving programs
 - Improving interactions with clients and community members

For example, a module on [Creating Safe Spaces for Young Children](#) has:

- A short (under 4-minute) video training from CCWB explaining how trauma-informed care principles can be applied to create safe spaces for children
- An easy-to-navigate list of ways to improve the physical space in rooms to increase people's comfort
- 6 helpful ideas and concrete examples explained in short videos (e.g., peace corners, play therapy)
- A list of best practices to ensure a space is both physically and emotionally trauma-informed

The CCWB resources will continue to be available online so any organization can use them as a resource for staff training or program improvement.



TAKEAWAYS:

Lessons for funders

The Health Foundation's experience with CCWB offers many lessons for funders:

- 1. This model requires a nontraditional funding approach.** Rather than funding pre-planned programs, CCWB funded grantees to engage in program planning along with community members. There was an expectation that the planning process would be iterative and that plans would evolve over time based on community input. This approach required funders to have a high degree of flexibility and openness to change.
- 2. Investment in Community of Practice is valuable.** Providing opportunities for grantees to share their experiences, learn from each other, and brainstorm helped them form relationships across agencies. Ultimately this strengthens the network of providers committed to trauma-informed care and human-centered design across the region.
- 3. Not all organizations have the same readiness to implement trauma-informed practices.** The Health Foundation learned that some organizations thrive when provided with the tools and opportunity to use innovative strategies, but others will not. Barriers related to their organizational structure, lack of leadership buy-in, etc. will limit some organizations' ability to use TIC and HCD. Funders must meet organizations where they are, and not expect everyone to be similarly successful.
- 4. There are valuable ways to implement trauma-informed work without making a large investment or multi-year commitment.** CCWB was an ambitious and comprehensive initiative, but individual components of CCWB can be implemented at much lower costs. For example, funders can offer capacity-building trainings that lead organizations to make meaningful changes over time.

The Health Foundation's work with trauma-informed care has continued beyond CCWB. An initiative to incorporate trauma-informed care in the delivery of service to older adults, the Older Adult Trauma Champion program, began in 2023. The program was developed and run by the UB Institute for Trauma and Trauma Informed Care and the Jewish Federations of North America. The Health Foundation continues to support the Older Adult Trauma Champion program to expand its reach and deepen the community's understanding of the needs of older adults related to trauma.



What it takes to do this work

Trauma-informed work is challenging, especially for organizations used to delivering prescribed programs. The Health Foundation learned that organizations who succeed with trauma-informed work need:

- **A shift in mindset** - openness to allowing community input to drive programs
- **Flexibility** - ability to change plans and adapt to changing input
- **Openness** - willingness to try new things, be innovative
- **Patience** - willingness to listen, build trust, and adjust timelines as needed

Many individual staff who attended trainings had these characteristics but faced barriers at their organizations when it came to implementation. The most successful organizations had:

- **Leadership buy-in** - directors who understood and embraced CCWB approaches
- **Stable staffing** - staff who were able to attend all the trainings and remain in positions where they could use them
- **Commitment** - people willing to implement systems for ensuring community feedback and/or staff training in trauma will continue beyond the funding period

Grantees also reported that they benefited in many ways from the support of the Community of Practice over the course of CCWB.



GRANTEE SPOTLIGHT:

Belmont Housing Resources for WNY

Belmont Housing Resources for WNY (BHR) is a Buffalo-based nonprofit organization that advocates for quality affordable housing and provides services to over 15,000 low-income households in western New York every year.¹⁰ BHR's services are comprehensive and include managing programs that provide families with rental assistance, such as housing choice vouchers. Prior to CCWB, they saw large numbers of families who risked losing their housing due to failure to submit paperwork. BHR applied to be part of CCWB's Phase 3 with the goal of identifying and engaging those families at risk of losing their housing choice vouchers, equipping BHR staff with trauma training, and working with tenants to reduce the number of families who were forced to move or become homeless.¹¹

CCWB funding enabled BHR to form a Tenant Advisory Board, which created a structure for tenants to be involved in designing programs and policies. BHR convened the Board to discuss the problem of families at risk for eviction due to not submitting required paperwork. As they listened to tenants, they learned more about the many barriers preventing tenants from responding, but also discovered larger communications issues.



With direction from both staff and clients, BHR made many changes in how they communicated with tenants. They redesigned tenant letters, distributed self-addressed stamped envelopes, and implemented a text service. And they saw results: over a two-year period, the number of households receiving termination letters decreased from 1351 to 425, which means that over 900 fewer families experienced the trauma of receiving notices and/or being forced to move.¹²

"We continued to change and broaden our approach as directed by the staff and clients....It will continue to take some time to see the long-term effects of our work on this project, but our efforts have already reduced terminations, reducing homelessness and particularly [among] people of color and disabilities." – Grantee Report

In their final report to the Health Foundation, BHR listed many lessons learned, including the following:

- Be prepared that you may uncover more than you wanted to
- Data and input may take you in a different direction than you initially thought
- Having third-party consultants is beneficial to help drive the ship and build consensus
- You need buy-in and support from the top, who need to take responsibility in implementing the change





“ Co-Creating Well-Being has made me much more mindful to make sure we’re reaching out to those we serve and providing [them with] what they need and going back to them to get input on developing services. That’s what we’re here for – to be serving families. Having them be part of the process is common sense, but we weren’t doing that before. ”

– Engage R+D’s Key Takeaways from Grantee Kickoff Calls (March 2021)

GRANTEE SPOTLIGHT:

ECA Onondaga – Thriving, Not Just Surviving



Early Childhood Alliance of Onondaga (ECA) is an organization that brings together community leaders, stakeholders in the early childhood system, and families to support and advance the optimal development of young children in Onondaga County. ECA has a history of engaging parents and caregivers in its planning processes, but CCWB provided an opportunity to let families take the reins in a new and different way. ECA decided to address social isolation and stress among parents of young children by bringing together “Thriving, Not Just Surviving” groups, where parents determine how they can best support one another.

“The number one compliment we hear from moms that participate in Thriving, Not Just Surviving, is they have never had a space or opportunity to say what they want to gain from a program or activity. The first day of the Thriving circle is used to truly listen to what the moms want out of the eight-to-ten-week sessions. Moms talk about their hopes and their fears, their struggles, and their successes. Thriving is co-designed around the listening session...[no] group is never the same.”

– Grantee Report, March 31, 2023

Over the course of CCWB Phase 3, ECA brought together dozens of mothers in Thriving groups. Groups shared strategies for healing from trauma and worked on goal-setting and habit change. Although each group was different, ECA found all participants saw an increase in their self-efficacy, leaving them with more confidence and interest in getting involved. In addition, participants developed positive supportive relationships and an increased sense of belonging.

ECA's Thriving groups are continuously improved based on feedback from participants. ECA now holds Thriving groups in partnership with a local agency that has a fatherhood program and offers childcare, which has increased the number of moms who participate and engaged more of the family. To address social needs, the Thriving coordinator connects mothers with resources such as the diaper bank and food pantries. Seeing participants emerge from the groups with interest in engaging, ECA has helped many mothers become co-facilitators of new Thriving groups and take on parent leadership roles within and outside ECA.

“Our mothers come in feeling rundown, invisible, unsupported, and half-broken, but when they complete Thriving, they leave stronger, more confident, empowered, and ready to get involved.” – Grantee report, March 31, 2023





“ Getting to know clients ‘where they’re at’ including their histories, childhoods, ACEs, and current barriers, leads to a more open and collaborative relationship with the client. Many clients express appreciation for being heard and being supported to reach the root experiences that have impacted their life and decision making. ”

– Engage R+D’s CCWB Final Evaluation Report (June 2023)

More examples of trauma-informed activities

- **Cattaraugus Community Action (CCA) created trauma toolkits for families in crisis.** Clients receive education to help build resistance to trauma and resources to address emerging needs such as car repairs or personal hygiene products. CCA designed the program to be intentionally flexible, knowing that they wanted to be able to help clients in ways that agency staff could not possibly predict.
- **Ardent Solutions leads work to expand trauma-informed champions and organizations in rural WNY.** For many years, Ardent Solutions has led the Trauma-Informed Communities Throughout Allegany County (TIC-TAC), a coalition committed to educating people about trauma and promoting trauma-informed care. Through CCWB, Ardent Solutions has expanded its services to Genesee, Orleans, and Wyoming counties by offering extensive education through webinars, social media, and their Trauma-Informed Champions program.

- **United Way of Buffalo & Erie County (UWBEC) led “Starting with Ourselves: Building Capacity to Care for Trauma Survivors.”** UWBEC brought together select employee champions from nine agencies to participate in a trauma training, which provided them with the skills they need to train larger groups of employees when they returned to their agency. Each champion was also paired with a consultant who helped them look at data from employees at their agency to better understand their stressors and identify customized strategies to promote self-care.

Integrating trauma-informed principles will look differently at every organization. If you’re interested in exploring trauma-informed practice, get started with the CCWB learning hub here:



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