ISRCTN17921858 https://doi.org/10.1186/ISRCTN17921858

Nurturing environments for shaping trauma-informed care and recovery

Submission date 30/01/2025	**Recruitment status** Recruiting	☐ Prospectively registered ☒ Protocol
Registration date 13/06/2025	**Overall study status** Ongoing	☐ Statistical analysis plan ☐ Results
Last Edited 13/06/2025	**Condition category** Other	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Young people entering the care system have often experienced multiple traumas and loss. Entering the care system itself can be traumatic as a child is removed from the care of people they know and placed in an unfamiliar and unpredictable environment. Of the nearly 84,000 children in care in England, the 10,818 young people in one of 3,119 homes for cared for children are some of the most vulnerable in society. The number of homes for cared-for children has increased year on year since 2019, with over a quarter of placements located in Northwest England.

Trauma-informed care is an approach that understands and responds to the impact of trauma for a person. Trauma-informed practice aims to provide physical and emotional safety for both the young person who has experienced trauma and their carers to create opportunities to rebuild a sense of safety, empowerment, and form safe relationships to support a fulfilling future. If children who have experienced many adversities do not experience safety in relationships during youth, the risks of exploitation, revictimization and poor health outcomes remain high. Unfortunately, due to a lack of clinical guidance and governance, there are no agreed-upon standards for delivering trauma-informed care specifically in homes for cared for children. Suitable guidance could be developed through collaboration with young people and stakeholders, leading to a new trauma-informed care resource for use in practice.

In this project, we will co-design and pilot a trauma-informed intervention toolkit across six homes for cared for children in the Northwest. The toolkit will provide clear guidance for staff training, trauma-informed supervision, trauma-aware care, and organisational governance to embed trauma-informed thinking into each element of a home’s operations. The project has the potential to enhance service quality and improve outcomes for young people, staff, and care providers.

What does the study involve?

Firstly, we will bring together existing information from the evidence base for trauma-informed care for young people to look at what works. Secondly, we will hear stories from the experience of young people and staff in the children’s homes. Learning from these two activities will help us develop the new trauma-informed care intervention toolkit, especially for use in homes for cared for children. This trauma-informed care intervention toolkit will be piloted across the homes over 12 months. Information from the staff and children will help us understand the impact of the intervention for positive change. Finally, we will share the resulting toolkit and research findings with care providers, local authority commissioners, and policy makers to promote system-wide reflection, to raise standards, and increase the transparency of trauma-informed care. We will then develop a larger-scale project to test the intervention across a greater range of care providers, offering new opportunities for sector-wide learning, development, and improvements in care in homes for cared for children.

What are the possible benefits and risks of taking part?
By taking part, the young person and staff member will help improve the care provided to young people in children's homes. This study provides an opportunity for children to have their voices heard and shape the support they and others receive in the future. We hope that they will also receive improved care themselves through the new approach.
We do not anticipate any risks to the young person's participation. If they feel upset or worried at any point, they can pause or stop providing their thoughts and feedback. Support will also be available through staff at their home or the research team if needed.

Where is the study run from?
This study is hosted by the Young People's Mental Health Research Centre at Pennine Care NHS Foundation Trust in collaboration with Oxford University, Manchester Metropolitan University, Cumbria University, University of Manchester, Warrington City Council and Salford City Council. Four local authority homes in Salford and two privately run homes in Stockport have elected to collaborate on this project to enhance their service delivery.

When is the study starting and how long is it expected to run for?
December 2024 to April 2027

Who is funding the study?
The study is led by researchers at Pennine Care NHS Foundation Trust, sponsored by the NHS, and funded by the National Institute for Health Research (NIHR).

Who is the main contact?
Dr Sarah Parry, sarah.parry30@nhs.net

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Dr Sarah Parry

ORCID ID
https://orcid.org/0000-0002-5666-1997

Contact details
225 Old St
Ashton-under-Lyne
United Kingdom

OL6 7SR
+44 (0)161 716 3000
sarah.parry30@nhs.net

Type(s)
Public

Contact name
Dr Sadie Rodell

ORCID ID
https://orcid.org/0000-0002-6358-4213

Contact details
225 Old St
Ashton-Under-Lyne
United Kingdom
OL6 7SR
+44 (0)161 716 3000
sadie.rodell@nhs.net

Additional identifiers

Integrated Research Application System (IRAS)
337194

Central Portfolio Management System (CPMS)
66403

National Institute for Health and Care Research (NIHR)
206567

Study information

Scientific Title
Nurturing Environments for Shaping Trauma-informed care and recovery (co-developing and piloting a trauma-informed toolkit for children aged 10-17 years in residential homes: enhancing care and recovery)

Acronym
NEST

Study objectives
Young people entering the care system have often experienced multiple traumas and loss. Entering the care system itself can be traumatic as a child is removed from the care of people they know and placed in an unfamiliar and unpredictable environment. Of the 82,000 children in care in England, the 12,898 young people in one of 2,873 children’s homes are some of the most vulnerable in society. The number of children’s homes has increased each year since 2019, with over a quarter of placements located in Northwest England.

Trauma-informed care is an approach that understands and responds to the impact of trauma for a person. Trauma-informed practice aims to provide physical and emotional safety for both the young person who has experienced trauma and their carers to create opportunities to rebuild a sense of safety, empowerment, and form safe relationships to support a fulfilling future. If children who have experienced many adversities do not experience safety in relationships during youth, the risks of exploitation, revictimization and poor health outcomes remains high. Unfortunately, due to a lack of clinical guidance and governance, there are no agreed standards for delivering trauma-informed care specifically for children’s homes. Suitable guidance could be developed through collaboration with young people and stakeholders, leading to a new trauma-informed care resource for use in practice.

In this project, we will co-design and pilot a trauma-informed intervention toolkit across six children’s homes in the Northwest. The toolkit will provide clear guidance for staff training, trauma-informed supervision, trauma-aware care, and organisational governance to embed trauma-informed thinking into each element of a home’s operations. The project has the potential to enhance service quality and improve outcomes for young people, staff, and care providers.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 10/04/2025, North West – Preston Research Ethics Committee (Health Research Authority, 2 Redman Place, London, E20 1JQ , United Kingdom; +44 (0)207 104 8364, +44 (0) 2071048037, +44 (0)207 104 8181; Preston.rec@hra.nhs.uk), ref: 25/NW/0021

Study design
This study will be split into three workstreams over 24 months: Workstream 1: Realist synthesis; Workstream 2: Experience-based co-design; Workstream 3a: Pilot and Realist Evaluation; Workstream 3a: Refinement and Toolkit Development. This study is both observational and interventional, consistent with a realist-based approach. The observational phase captures baseline practices and contextual factors influencing trauma-informed care in residential homes. The interventional phase involves co-developing and piloting a toolkit to explore its mechanisms of impact and effectiveness in improving care and outcomes for children aged 10-17 years.

Primary study design
Other

Study type(s)
Other, Quality of life, Efficacy

Health condition(s) or problem(s) studied
Children's residential care

Interventions
The intervention involves the co-development and piloting of a trauma-informed toolkit designed to improve care for children aged 10-17 years living in children’s residential homes. The toolkit will include training materials, practical strategies, and resources to support staff in adopting trauma-informed approaches tailored to the residential care context. The study will explore the toolkit's impact on care practices, staff confidence, and outcomes for children and young people.

Brief Methodology
This study uses a mixed-methods, realist-based approach over 24 months, divided into three workstreams to ensure a comprehensive, contextually informed, and co-produced intervention.

Workstream 1: Realist Synthesis
Conduct a systematic realist review of existing literature and evidence to identify key mechanisms, contextual factors, and outcomes associated with trauma-informed care in residential settings.

Engage stakeholders in refining program theories to guide subsequent phases.

Workstream 2: Experience-Based Co-Design
Collaborate with children and young people with lived experience, residential staff, and other stakeholders to co-design the trauma-informed toolkit.

Use creative methods such as workshops, focus groups, and iterative feedback loops to ensure the toolkit is practical, user-friendly, and contextually appropriate.

Workstream 3a: Pilot and Realist Evaluation
Pilot the trauma-informed toolkit in selected children's residential homes.

Provide training and implementation support to staff during the pilot phase.

Conduct a realist evaluation using mixed methods (e.g., qualitative interviews, focus groups, and quantitative measures) to assess how, why, and in what contexts the toolkit is effective.

Workstream 3b: Refinement and Toolkit Development
Use findings from the pilot and evaluation phases to refine the toolkit, ensuring it meets the needs of children, young people, and staff.

Finalise the toolkit for broader dissemination and future scaling.

This phased approach ensures that the intervention is rigorously developed, piloted, and evaluated in collaboration with key stakeholders, supporting its feasibility, relevance, and sustainability in children's residential homes.

Intervention Type
Other

Primary outcome(s)
1. Strengths and difficulties are measured using the Strengths and Difficulties Questionnaire (SDQ) at baseline and end of the pilot, or when the child leaves the home if before the end of the pilot
2. Anxiety and depression are measured using the Revised Children's Anxiety and Depression Scale (RCADS) at baseline and end of the pilot, or when the child leaves the home if before the end of the pilot
3. Resilience is measured using the Bounce Forwards Scale at baseline and end of the pilot, or when the child leaves the home if before the end of the pilot
4. Sense of community is measured using the Sense of Community in Adolescents Scale (SOC-AS) at baseline and end of the pilot, or when the child leaves the home if before the end of the pilot
5. Therapeutic alliance is measured using the Therapeutic Alliance Scale for Children (TASC-r) at

baseline and end of the pilot, or when the child leaves the home if before the end of the pilot
6. Experiences of the intervention are measured using spoken narrative data from the children's key workers, designated social workers, and home managers every eight weeks
7. Thoughts and views on the experience of the TIC intervention are measured using semi-structured interviews and/or reflective group discussions at the start, middle, and end of the pilot
8. Feedback on the intervention is measured using an anonymous Qualtrics platform for written feedback during the pilot

Key secondary outcome(s))

1. Key workers and home managers will keep a fortnightly pen portrait documenting intervention integration, integrity, and implementation, which will be accompanied by supportive Microsoft Teams and in-person supervision with a member of the research team.
2. At the start, middle and end of the pilot, all staff members will be asked to complete the Professional Quality of Life Scale (Geoffrion et al, 2019), and a brief TIC self-assessment reflective exercise, which will be created by the research team during WP1. This process will help us identify any changes and tentatively explore relationships between the implementation of the TIC intervention and compassion satisfaction, burnout, and secondary traumatic stress.

Completion date

30/04/2027

Eligibility

Key inclusion criteria

Every person eligible to take part will be offered the same opportunities, regardless of any protected characteristics. Due to our aim to recruit children, young people and their parents /carers, our age range for the study is 10-99 years. Any young person aged eleven years old and over who has been placed in the care of one of the six participating homes for cared for children will be eligible to take part. Frontline staff, home managers, associated social workers, and other care staff involved in the day to day running of the homes and delivery of care will have the opportunity to take part. Due to the systemic nature of this study, if a young person at any of the homes does not want to take part in the study as a participant, they do not need to opt-in to take part in data collection directly. However, as the homes have agreed to take part in this study to improve the standard of care, there may be an indirect impact on that young person's care. For example, the people who care for that young person are likely to be engaging in additional training, supervision, and record keeping activities, so routine outcome measure data routinely collected for that child may anonymously feed into monitoring data contributed to the study.

Participant type(s)

Employee, Resident, Service user

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

10 years

Upper age limit
99 years

Sex
All

Key exclusion criteria
Young people with no connection to the six homes where the study is based will not be invited to participate as participants in this study, directly or indirectly. We do not anticipate young people under the age of 16 years old will be involved as stakeholder advisors.

Date of first enrolment
01/02/2025

Date of final enrolment
31/10/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Pennine Care NHS Trust
225 Old Street
Ashton-under-lyne
United Kingdom
OL6 7SR

Study participating centre
Salford City Council
Civic Centre
Chorley Road
Manchester
United Kingdom
M27 5AW

Sponsor information

Organisation

Pennine Care NHS Foundation Trust

ROR
https://ror.org/03t59pc95

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study will not be made available due to the need to remain highly confidential and anonymous to protect the wellbeing of the children and young people involved in the study.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1.0	06/12/2024	07/02/2025	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes