The field of "trauma-informed systems" is a relatively new phenomenon that has emerged in the literature over the past several years (Conradi & Wilson, 2010). Although the initial formulation of "trauma-informed systems" began in work focused on adults, researchers have recently started to identify the need to apply a "trauma-informed" approach across child-serving systems as well. The forerunners of this movement have been members of the National Child Traumatic Stress Network (NCTSN). In 2008, NCTSN colleagues introduced the concept of addressing the needs of traumatized children across multiple systems in an article that reviewed how various service systems approach trauma services differently (Ko et al., 2008).

Additionally, there is increasing interest in how Adverse Childhood Experiences (ACEs) among staff may affect worker performance. A recent exploratory study suggests a high prevalence of ACEs among workers in an agency serving children with histories of trauma (Esaki & Larkin, 2013). Anda, co-PI on the seminal Kaiser Permanante study on ACEs, found that ACEs were associated with days of work skipped due to feelings of depression or stress as well as health challenges (Anda et al., 2004). Thus, unaddressed higher ACE scores within a workforce may have both service and economic implications. If positive workforce cultures have the potential to counteract vulnerabilities of workers in human service agencies, this may increase worker performance and reduce healthcare costs associated with ACEs.

Recent research also suggests that organizational culture and climate are contextual factors that affect staff acceptance of innovation. Aarons and Sawitzky (2006) found that, in a study among 301 public sector mental health service providers from 49 programs providing mental health services for youth and families, a constructive culture was associated with more positive attitudes toward adoption of evidence-based practices (EBPs) and poorer organizational climates with perceived divergence of usual practice and EBPs.

The Sanctuary Model is the only organizational and clinical intervention recognized as a Promising Practice by the National Child Traumatic Stress Network (National Child Traumatic Stress Network, 2008). Similarly, the Sanctuary Model has achieved a Scientific Rating of 3 (Promising Research Practice) by the California Evidence-Based Clearinghouse for Child Welfare (The California Evidence-Based Clearinghouse for Child Welfare, 2011). More recently, it was awarded the 2011 Council on Accreditation's Innovative Practices award (Council on Accreditation, 2011). Details of the theoretical framework of the model and associated individual, group, organizational and community outcomes are presented in a recent logic model article (Esaki et al., 2013).

Research has shown that the Sanctuary Model is an effective trauma-informed approach for working with youth in residential treatment settings (Rivard, Bloom, McCorkle, & Abramovitz, 2005) . Rivard et al. (2005) found that residential treatment units that had implemented the model were statistically stronger in support, spontaneity, autonomy, personal problem orientation, safety and total treatment environment score compared to control units. Similarly, youth in the treatment units made gains in their coping skills and sense of control compared with youth in the control facilities.

More recently, the Pennsylvania (PA) Department of Public Welfare collaborated with a researcher to examine the impact of the Sanctuary Model on a number of organizational and client outcomes in 27 agency sites in PA. Results of the evaluation suggest that successful implementation of the model was associated with a number of positive outcomes including: improved organizational culture and climate, lower staff stress and improved morale, improved staff feelings of competence and proficiency, improved staff investment in clients, greater success at rapidly decreasing restraints, and a possible modest decrease in staff turnover (Stein, Kogan, Magee, & Hindes, 2011). In a related study comparing youth in residential treatment facilities (RTFs) to those residing in facilities without the model, youth in Sanctuary Model facilities had shorter lengths of stay, and greater decrease in median length of stay than others. Despite the decreased length of stay, there was little difference between the two groups in percentage of discharged youth hospitalized in 90 days following discharge. Additionally, Sanctuary Model providers had a substantial increase in the percentage of youth discharged who received outpatient services in three months following discharge. Non-Sanctuary Model providers had a greater increase in percentage of youth readmitted to RTF in 90 days following discharge (Stein, Sorbero, Kogan, & Greenberg, 2011).

In a single agency mixed methods study conducted at the North Central Secure Treatment Unit – Girls Program in Danville, PA, findings suggest that the Sanctuary Model, in conjunction with leadership and staff who are capable of and committed to practicing model principles, can create a restorative culture in which female juvenile delinquents, many with histories of trauma, may find a setting in which healing from past experiences can take place, resulting in improved life functioning. Study results demonstrated a substantial decrease in restraints, percentage of interviewed youth who report that they feared for their safety, and assaults on staff. Facility safety indicators also compared favorably to those of the juvenile justice correctional field in general. Additionally, staff turnover decreased substantially. The percentage of staff members vacating positions over the course of a year, out of the total number of positions at the NCSTU Girls Program, declined from 97% in 2008 when the model was introduced, to 17% in 2012, two years post-implementation (Elwyn, Esaki, & Smith, 2015).

Additionally, the Robert Wood Johnson Foundation has demonstrated their interest in, and commitment to, further developing the model and supporting research efforts by contributing funding to the Andrus Sanctuary Institute.

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