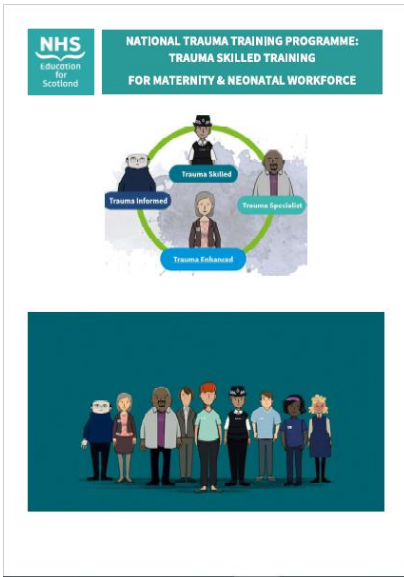


## PATHFINDER LEARNING FROM 3 PRIORITY AREAS

### Workforce Development:



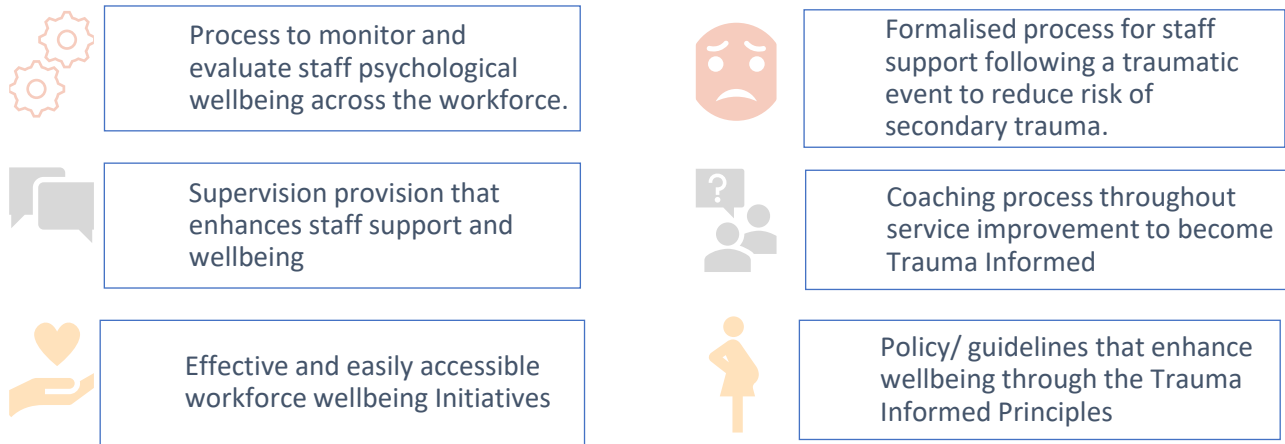
Access to the Scottish Trauma Informed Leaders Training (STILT) programme supported leaders from the maternity implementation steering group through learning workshops and connection to implementation support from their local Transforming Psychological Trauma Implementation Co-ordinator's (TPTIC's) and Champions.

Completing a workforce Training Needs Assessment in collaboration with the NTTP training plan resource guided the level of training required across the maternity and neonatal core workforce, identifying a requirement for all staff to have training at a 'skilled level'. Some practitioners were noted to have more enhanced contact with families who experience trauma within their area of speciality such as perinatal mental health, early pregnancy, public protection, substance use, or bereavement, requiring further assessment on their training needs.

A training programme was developed from the skilled level modules produced by the NES NTTP. These combine learning activities that develop understanding on requirements to become TI as well as building the important conditions through developing their own wellbeing and embrace principles of implementation science. In recognition of maternity interventions increasing the potential risk of re-traumatisation, the recently updated 'One out of four' E-module is also included. Evaluation of the programme's impact has seen a clear positive shift in the workers confidence across all the key components of the learning. Particularly noted around; psychological first aid, understanding the window of tolerance, producing their own wellbeing plans and the impact of trauma on mental health.

## Workforce Wellbeing:

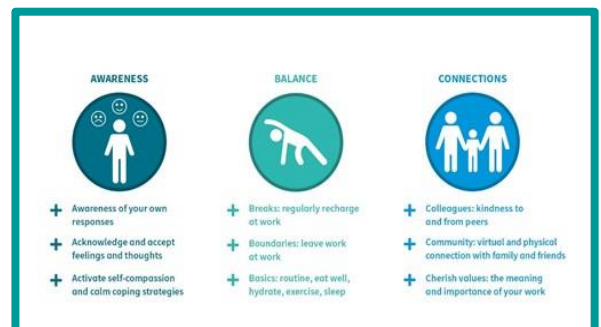
Nationally reported NHS workforce pressures, recruitment and retention of staff and their impact on both the organisations and workforce wellbeing was evident within both maternity pathfinders. This highlighted the need for an initial focus of pathfinder support to be targeted towards the workforce wellbeing driver. The implementation group produced a driver diagram, logic model and change ideas that aimed to support staff wellbeing, highlighting the need for:



To help understand a disconnect with the workforce accessing available wellbeing initiatives, drop-in sessions were established within the pathfinder areas. This providing an effective process to allow the key workers to have a voice on the most appropriate form of supports, barriers faced when accessing supports and to identify new meaningful initiatives. Directing the development and implementation of more accessible and effective interventions. Organisational challenges, culture and leadership were highlighted as barriers to the workforce feeling able to access appropriate supports when required.

The identification of key staff members with a role to support their staff or colleagues and have the knowledge and experience to provide a range of supervision supports is fundamental within the development of a sub-group to lead on workforce wellbeing change.

Within maternity settings, the pathfinder learning has suggested a need for a review and redesign of a more efficient, supportive provision which encompasses clinical supervision, reflective practice, coaching and peer support components.



## Screening and documentation of disclosed trauma:

The pathfinder implementation group reviewed learning from the voice of those with lived and living experience across a range of traumas. This highlighted common themes around improving communications, building trusting relationships, improved documentation, and review of environment settings of care. This led to agreed improvement planning aimed to ensure:

*‘All pregnant women who have experienced or are experiencing trauma are identified & supported to develop person-centred maternity plans of care’.*



Recognition that midwives have a digital platform with embedded practice that aligns with ‘Getting It Right for Every Child’ (Scottish Government, 2006 & 2022) and child protection processes that involve screening for previous traumas, we need to ensure that:

***Maternity & Neonatal workforce have the appropriate knowledge & skills to recognise, respond & record women’s experience of Trauma which will require:***

- Review of the current screening and documentation process of previous trauma.
- Workforce trained in NTTP skilled level training and trauma screening, recording & care plan development.
- Collaborative approach across departments, professions & specialist roles.
- Alignment of trauma screening with GIRFEC, Child Protection practice & national Routine Enquiry.

***Families with a history of trauma, attending the maternity & neonatal Services, help inform screening, documentation & care planning which will require:***

- Collaboration with families with lived experience of trauma to develop standardised tools and process.
- Production of guidance on recording disclosed trauma.
- An efficient and accessible person-centred plan of care.

The identification of key representatives to develop a focus group to lead on this work included specialist roles supporting families with high incidence of trauma, community midwifery, maternity digital leads, maternity clinical psychologists (MNPI) and identified 3rd sector supports. These representatives occupy key roles that can identify and connect families they are supporting to participate in the development of guidance on screening, documentation, and care plan development.

Progression of this priority area has been identified for 2023/24 and further learning will be shared in the near future.

## Maternity Pathfinder Key Learning Summary:

### **MATERNITY KEY LEARNING**

- Families are supported by many professionals across their pregnancy resulting in a need for largescale service change & development across professions and services to fully achieve TI services.
- Maternity services regularly support families with a variety of trauma incidents, therefore education and learning needs vary across areas/specialisms.
- Knowledge of the NTTP, provision of Trauma Informed Care and access to training is required across all professions and services within the maternity workforce
- Recognition that most of the workforce require training at a 'Skilled Level' with some Specialist roles requiring an 'Enhanced Level.'
- Maternity holistic booking assessment process, using GIRFEC principles, provides a good platform to build disclosure of previous or recurring trauma.
- There is recognition that maternity interventions & environments may trigger past trauma.
- NTTP 'Trauma Lens Walkthrough Event' is an effective tool to scope good practice, identify opportunities for change and new development.
- Implementation Steering Group with Trauma Specialist support are essential to inform & drive service level planning and change.
- Workforce challenges such as wellbeing, capacity, and Covid-19 recovery, significantly impact/influence local area engagement and pace of project progress.
- Workforce Wellbeing support structures vary and are identified as a priority area and must be accompanied by process which ensure access and uptake?
- Challenges identified in collaboration with the voice of lived experience if addressed can help inform service redesign
- Provide and develop consistent feedback loops.
- Screening and documentation of disclosed trauma and agreed care plans requires development in collaboration with those with lived experience of trauma.
- TIP Service development activity required within services who work alongside Maternity.

