A Roadmap for Creating Trauma-Informed and Responsive Change

Guidance for Organisations, Systems and Workforces in Scotland

Appendix A: How we design and deliver services – trauma-informed lens walkthrough tool

Taking a trauma–informed lens walkthrough

SAFETY	CHOICE	COLLABORATION	TRUST	EMPOWERMENT

MATERIALS AND MEDIA

Leaflets, websites, posters, information

SUPPORTING RECOVERY

Availability/access to trauma-responsive care, support and interventions

COMMUNICATIONS AND LANGAGE

Team meetings, conversations, letters

ENVIRONMENT

Location, entrance, waiting areas, external and internal fabric, decor, posters, reading materials

PARTNERSHIP WORKING

Multi-agency working and communications between all related organisations and services

RELATIONSHIPS

Every conversation and interaction with every member of staff from first to last

ACCESS

Contacing the service, communications before reaching it

Service Elements

Throughout your journey, you may deal with one, a selection of or all parts of the Service Elements, in no particular order, depending on how your experiences unfold

It may be helpful to think of putting on some 'trauma-informed glasses' and looking at a service or support journey through the eyes of someone affected by trauma. Taking a 'walkthrough' of your service could help workers and people affected by trauma collaboratively identify what they think the service is doing well and where improvements could be made.

To complete the walkthrough, it may be helpful to first consider the following:

o How do you want to complete the walkthrough (e.g., as a collaborative workshop to bring stakeholders together)? Do you have a suitable physical space to complete the walkthrough?

o Which key stakeholders should be included in the walkthrough (e.g., people with lived experience of trauma who come into contact with your service, staff working in your service and key decision makers)? If you're a larger organisation, do you have representation from across relevant departments? If your service regularly works with other services/ partners, might it be helpful to invite them to the walkthrough?

o How will people with lived experience of trauma who are involved in the walkthrough be involved safely and meaningfully? How will any concerns around confidentiality/ anonymity be addressed? How will people be remunerated for their time and expertise? How might staff with lived experience of trauma be supported to engage?

o How will staff and people with lived experience of trauma feel supported to reflect on barriers and challenges and suggest service improvements? What support might team leads/ managers require before and after the walkthrough? How will potentially challenging conversations be facilitated?

o What is the appropriate amount of time needed to complete the walkthrough meaningfully? How will staff have the time and capacity to be involved? How will feedback and information be collated?

o How can the walkthrough encourage participants to identify small changes to service design and delivery, as well as potentially longer-term changes? How will you identify accountability, timeframes, support and resources required for implementing the changes identified in the walkthrough? How will those changes be communicated to people accessing, working in and with your service? How will you communicate and celebrate any good practice identified in the walkthrough? What mechanisms do you have in place to help you understand the impact of those changes?

There are some reflective questions below to support you as you complete your walkthrough.

Notes and evaluation of each area of the service arising from walk through

Use this page to note the extent to which each relevant area of the service is trauma informed.

Red: Not trauma informed

Amber: Some elements trauma informed, but many not

Green: Trauma informed

Red flag: Risk of active re-traumatising or introduction of primary trauma.

Organisational Area	Red Flag	Red	Amber	Green	Evidence
Access					
Physical Environment					
Relationships					
Supporting Recovery					
Partnership Working					
Communications and Language, Materials and Media					

In response to your walkthrough, what do you plan to do?

1. Keep and do more of?

Where and when you walk through your service, is someone offered a trauma-informed experience – in the little details and in the bigger picture?

o Where and how are you currently recognising and responding to the impact of trauma?

o Where and how do you think you are offering people a sense of safety, collaborating with them, offering choice over what happens to them, gaining their trust, empowering them, recognising and supporting their resilience?

o Where and how do you think people are offered consistency, security and safety, and feel able to trust you, the staff and the organisation?

2. Stop or change?

Where, in your walkthrough, is the impact of trauma not adequately recognised and responded to? Where is there a risk of re-traumatisation in the little details and in the bigger picture?

o Are there any places where the impact of trauma is not adequately recognised or misinterpreted?

o Are there any elements (experiences or interactions, places, ways of working, communications) that a person might find disempowering, coercive or lacking collaboration?

o Are there any elements that might feel unsafe or unpredictable, or trust might be breached?

3. Add into your service or practice?

Where could you improve a person's experience? Where is there opportunity to recognise and respond to the impact of trauma, and further minimise the risk of re-traumatisation?

o Are there opportunities for empowerment, choice and collaboration that are currently missed?

o Are there opportunities where sense of safety could be strengthened, or trust created?

o Are there opportunities for supporting recovery from the impact of trauma currently missed?

Reflective questions

For all services, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed and responsive way, what does access to the service look and feel like for people? This is about initial contact with your service.

o   Is it easy to contact your service in different ways (e.g., phone, email, in person)? Are people given a choice as to how they can contact your service? Is initial contact welcoming and supportive? (e.g., phone contact, website, staff at front desk)? Are people easily able to ask questions? What information are people given prior to attending your service? Do they know who they will be meeting with, how long for, and what they should expect to talk about?

o   If there is a referral process to access your service, is it transparent and well communicated? Is clear information provided to people about why they've been referred to your service? How does your service communicate with people about waiting times? If people have to wait to access your service, what support can they access in the meantime?

o   Are there easily accessible materials that explain your service's purpose, rules and policies, and complaints process? Are materials available in different languages and, where relevant, for different ages and stages? Are forms easy to understand? Do they include any unnecessary details/ questions that might be re-traumatising?

o   Do people have choice over the time of their appointment, to account for adverse sleeping patterns or busy transport periods? Does your service understand and respond to gendered needs? For example, do professionals understand that women are more likely to have caring responsibilities which may impact their ability to attend appointments?

o   Are there any requirements to access support from your service that, based on your knowledge of the impact of trauma, might be a barrier for people who are affected by trauma?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

o   Does your service provide information on the specialist service provision offered with easily accessible communication to meet people's needs?

o   Consider the process and expectations of the first contact. Is there communication to prepare people who have experienced trauma? Does the first contact entail a holistic assessment to assess additional supports/ needs? If so, is there a process to prepare and reduce people's anxieties? How do staff ensure that people understand that their trauma history will be discussed and documented in line with the individual's choices, so as to avoid people retelling their story and to have ownership over who they share their story with?

o   If using interpreters, are the interpreters briefed on the need for direct communication, the potential content of sessions, and how they can access support if needed?

For all organisations, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed way, what does the physical environment **of your service look and feel like for people? This is about things like location, entrance, waiting areas, internal and external fabric, décor, posters and reading materials. If your service provides care across different departments or buildings, please consider all physical environments people will attend.**

o   Does the physical environment feel accessible, safe and welcoming for staff and people coming into contact with your service? Are there mechanisms to address gender- related physical/emotional safety concerns within the environment? If children are using this space, are there safe areas for play? Are age-appropriate toys or activities provided?

o   Are there options within or around the service for privacy, calm and self care for use for staff and people accessing your service?

o   Are basic care needs supported (e.g., toilets, water/ hot drinks)? Is there clear signposting to exits and toilets that reduces any confusion? Where there might be a need for security measures, such as locked doors, buzzers, and secure entry systems, how is this communicated to people, and have you considered how this might feel for people coming to your building?

o   What leaflets, posters and other materials are displayed or audio/ visual used (e.g., radio or TV)? Have these been reviewed for risk of re-traumatisation?

o   How are workers supported to recognise and address aspects of the physical environment that may pose a risk of re-traumatisation and work to: a) improve the environment; b) work with others to develop strategies to address these, e.g., light, noise, ease of navigation, enclosed spaces; c) understand the potential of re-traumatisation for people when visiting certain areas?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

o   Does the service have adequate resources that facilitate helpful responses to trauma reactions, i.e. access to grounding materials? Are there any ways in which users of the space can be empowered, for example by leaving messages, books, or other suggested resources that they think others who have experienced trauma will find useful. Does your service's environment facilitate the opportunity for 'lone time' that allows opportunity for disclosure of trauma?

o   Consider other services being provided adjacent to your service. Are there possible contacts within the building that may be triggering? Does the environment have a connection to people's previous traumatic events?

o   Does your service provide alternatives to place of support, such as home visits or a local centre? Are contacts in person or virtual? Are there any identified barriers to building a therapeutic relationship? Can this be resolved?

For all services, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed way, what are people's experiences of relationships in your service—this includes every conversation and interaction with every member of staff from first to last?

o   Do people have consistent access to one professional, to provide the time and opportunity to develop a sense of trust, and to avoid people having to re-tell their experiences to multiple professionals? Do staff have the time and capacity to develop these relationships with people accessing your service? Do organisational and service structures enable this?

o   When people may present with behaviours which may feel "challenging" or "difficult", how are workers supported to understand this as a trauma response and respond through a lens of "what happened to you" rather than "what's wrong with you?"?

o   Does your service require people to have contact with several teams/ professionals during their care? Are there processes in place to facilitate good communication across the care providers? Is there a process to prepare and reduce any anxieties for people?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

o   Are boundaried, compassionate and containing relationships viewed as the primary means through which trauma-informed practices and supports are available? How are safe boundaries communicated between people and the service, so that people know what to expect and understand the limits of what can be provided? How are workers supported to maintain balanced boundaries, addressing over tendencies to help that may inadvertently disempower people from helping themselves, or overly rigid boundaries that impact experiences of safety and connection? When there is a rupture in a relationship, how is this approached in a way that communicates respect, honesty and compassion, collaboratively explores ways to repair the relationship, and considers what learning can be taken from this rupture to help meet needs in the future?

o   How are workers supported to take the time to establish and maintain relationships and interactions that are rooted in honesty, transparency and consistency. This includes giving people space to meaningfully express how they think and feel; communicating with and treating people respectfully and without stigma; workers showing up when they say they will; following through on agreed actions; ensuring as much continuity as possible for people; and establishing and honouring boundaries. How is information about previous trauma recorded/ shared in a way that respects the collaborative and trusting relationship which requires to be built between staff and people accessing support? Does your service use any particular resources/ tools to support engagement, collaboration and inclusion that will support trust and safety in relationships?

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o   How are workers supported to ensure they have the time to fully discuss and engage with the people they are supporting in order to build a more holistic understanding of how any experiences of trauma may have impacted them and how they may have adapted to cope with this impact? How are workers equipped to take a curious rather than corrective approach to people's behaviours in order to explore what they may be attempting to communicate? How are workers supported to ask people they are supporting what the barriers might be to them continuing to access support, treatment and/or medication?

o   How are workers supported to create emotional safety for people? This might mean ensuring that staff are equipped to approach their work in a calm and reassuring manner; ensuring that workers honour their commitments to the people they are supporting and strive to build relationships which are open and trusting; and/or providing information and choice to people so that they can make informed decisions regarding what feels both physically and emotionally safe for them. How are people supported to feel comfortable in asking questions or raising concerns about support at any point?

o   How are staff encouraged to recognise that their own wellbeing must be protected in order to maintain trauma-informed relationships with others? Do staff have enough space and capacity to support the number of people they are expected to see? Have workers received relevant, high-quality training to provide care for people who have likely experienced different kinds of trauma (e.g., gender-based violence, bereavement or loss)? Where there may be conflicting relationships with different staff members, how are staff supported to reflect on these relationships and what the underlying needs might be?

For all services, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed and responsive way, how are you supporting people's recovery **from their traumatic experiences? This includes availability and access to trauma responsive care, support and interventions, and how we incorporate the key principles of safety, trust, choice, collaboration and empowerment into all aspects of our care.**

o   If your service doesn't provide support for recovery, do you have an up-to-date list of relevant specialist services for signposting?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

Screening/Assessments

o   What are the thresholds/ criteria for accessing your service? Do these take into account the prevalence and impact of trauma?

o   How do people accessing support know what to expect from your service in relation to routine enquiry in screening and assessment procedures? Are staff trained in sensitive enquiry about trauma experiences and their impact, and anticipate that not everyone who has experienced trauma will immediately disclose it?

o   How are workers supported to consider the impact of past and present traumatic experiences in initial screening and assessment procedures for people accessing support? Where are the opportunities for routine enquiry? How are workers supported to ask difficult questions that are needed to identify possible traumatic experiences people may have experienced? How are they supported to do this? Is behavioural distress identified and recorded in a way which can be interpreted through a trauma-informed lens? Do workers talk to people about the range of trauma reactions and work to increase understanding and reduce feelings of shame, where appropriate? How confident do workers feel in doing this? How are needs that relate to understandable coping mechanisms and survival responses to trauma identified? Do assessments for interventions include methods for assessing common psychological impacts of trauma that are evidence based, reliable and valid?

o   How are workers supported to work alongside people to "do with" and not "do to"? How are assessments conducted which give space for people to fully explain their thoughts and experiences? How is support around a person informed by what the person actually describes as being most helpful to them? How are people supported to express themselves clearly in a language and context which they feel truly represents them, and deciding on actionable steps which are informed by what they express about their life and circumstances?

Developing care plans:

o How are workers supported to collaborate with people to jointly formulate a care, support or risk management plan? When creating support plans, do workers ensure that these are collaborative and that appropriate levels of responsibility for actions are given to the person concerned in order to promote resilience and a sense of "doing with" rather than "doing to"? How are workers supported to include people in decision-making around their care? How do they ensure that people have the information they need, even if that information might be difficult or disappointing? Are there processes that fully inform people on aspects of care provision so that they are making an informed choice while agreeing care plans? If there are proposed changes to a person's care plan or a service they are receiving, how is that person involved in the assessment and decision-making process around this? Are people's own definitions of safety, empowerment, trust, choice, and collaboration included in their care plans?

o How do care plans build on people's existing strengths and resilience and recognise that the coping mechanisms they have developed are often the result of them adapting in order to manage their trauma? How are people's strengths and skills identified and utilised, and how are people encouraged to have a level of autonomy and responsibility in determining the services they receive as well as in the wider aspects of their lives?

o How are workers supported to consider how historic/ongoing experiences of trauma may impact a person's safety and stability, and ability to engage with services? For example, some exploiters of women who are engaged in commercial sexual exploitation may encourage women to take drugs, which can lead to dependency on both drugs and the exploiter. Do reports in relation to people and their families frame trauma reactions as coping and highlight strengths and achievements in that contact?

o Are there specific interventions provided by your service that may have a higher risk of re-traumatisation?

o Are there any competing policies or processes that can impact a person's care plan (e.g., dependent children, gender-based violence, substance use) that may generate a child protection process and/ or childcare plan requirements?

o How are agreed care plans communicated across care providers?

Providing person-centred support

o What kinds of choices do people accessing your service have about the support they might receive? Do people have the opportunity to discuss what kind of support they are looking for, what they would find helpful or what has helped them previously? Are different kinds of support available? This doesn't mean offering choices and support which are not within the scope of what a worker, interaction and/or service can realistically offer, but rather being clear about what options are available and communicating what choices a person has within that contact.

o   Do people have access to support for all of their needs and the impact of trauma on those needs? How are workers supported to understand the ways in which protected characteristics and socioeconomic inequalities, such as race, gender, poverty, and homelessness might compound people's experiences of trauma and its impact? Is there the understanding and flexibility to recognise that responses and interventions provided may need to change to reflect a person's needs? For example, where a service currently delivers one support (e.g., a parenting group), they may need to change and offer something else instead, or include trauma-enhanced practice before expecting people to be safe enough to engage. This might include psychoeducation support in coping with trauma reactions, including skills development and self compassion. Are workers supported to consider individual stage of recovery and consider the respective timing of multiple supports for different needs in a complex picture, to avoid overwhelming people and develop a shared long-term plan? Is sufficient time allowed for moving between stages of a care plan, to support people in the way that they need it when they are ready and avoid delays between supports? E.g., providing trauma support following substance use stabilisation.

o   How are workers supported to develop awareness of the risks of re-traumatisation in the provision of care and treatment for people? How are workers supported to pay attention to power dynamics which might be present when asking people to make decisions or choices. For example, a care experienced child or young person might have feelings of being "pulled" between adults. Are workers able to mitigate for this?

For all organisations, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed and responsive way, what does partnership working look and feel like? This includes multi-agency working and communications between all related organisations and services.

o   Do workers have up-to-date information about other services in the community? Do any of those services provide evidence-based trauma-informed recovery support?

o   Are partner services trauma informed? Does your service promote this approach to partners?

o   What mechanisms are in place to promote cross-organisation or cross-sector training on trauma-informed approaches?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

o   What existing processes within your service include partnership working both within and alongside your service?

o   How is information recorded and shared with those in different areas of the workforce, recognising the collaborative and trusting relationship between workers and people accessing support? Are people asked about what information they would like to be kept confidential? Is it shared in a way that is mindful of the potential risk of re-traumatising people by repeatedly enquiring about these experiences? How do you communicate how this information is shared with people accessing support? How do workers ask people for consent to share their personal information with others? Are people asked about the accuracy of information that is recorded on their file such as who else is involved with their support, any diagnoses they may have, or any medication they may be taking?

o   Do your service's IT systems support effective data/ information sharing with other services to avoid asking people to re-tell their story to multiple workers?

o   Do risk assessment tools and reporting frameworks that are used across different services in your organisation/ local area support a consistent approach to promoting shared principles/ approaches when working with people affected by trauma?

o   Are relationships among any statutory and third sector partners your service works with underpinned by the key principles of safety, trust, choice, collaboration and empowerment?

o   Are organisations assessed for their quality and embodiment of trauma-informed principles before they are recommended to individuals?

For all services, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed and responsive way, what do communication, language, materials and media look and feel like in your service? This includes meetings, conversations, leaflets and letters, for example.

o   Are people asked how and when they would like to be contacted by your service? Is information available in different languages? Are there opportunities to ask people what language they would find it helpful to use in conversations and communications?

o   Do staff provide clear information about what will be done, when it will be done, and by whom?

o   What kind of language is used in your service's letters, phone calls, leaflets and website? What language might be stigmatising for people accessing your service? How are workers supported to reflect on the language that is used in team meetings, communications and conversations? How might language like "non-compliance" and "no show" create barriers for people accessing your service? Are letters/ communications "people friendly"—ie. do they use plain language rather than jargon or medicalised language?

o   Where communication is in connection to carers of dependent children/adults, is communication inclusive of all carers, e.g., both parents when appropriate?

o   Is your service clear about the limits of privacy and confidentiality, and when you are obligated to share information?

o   Do promotional materials about your service highlight a commitment to a trauma-informed and responsive approach?

For services with a specific remit to support people known to be affected by trauma, who are providing advocacy, support or interventions and need to adapt the way they work to take into account trauma reactions to do their job well, here are some additional things to consider:

o   What kind of language is used in case files? What opportunities are there to use language that reflects the key principles of safety, trust, choice, collaboration and empowerment?

o   What kinds of images and icons are used in communications, and are they assessed for the potential impact on people affected by trauma?

o   Is consideration given to who communications are addressed to (i.e. the person receiving support or referrer), who is copied in, and how much information is shared with these respective recipients?