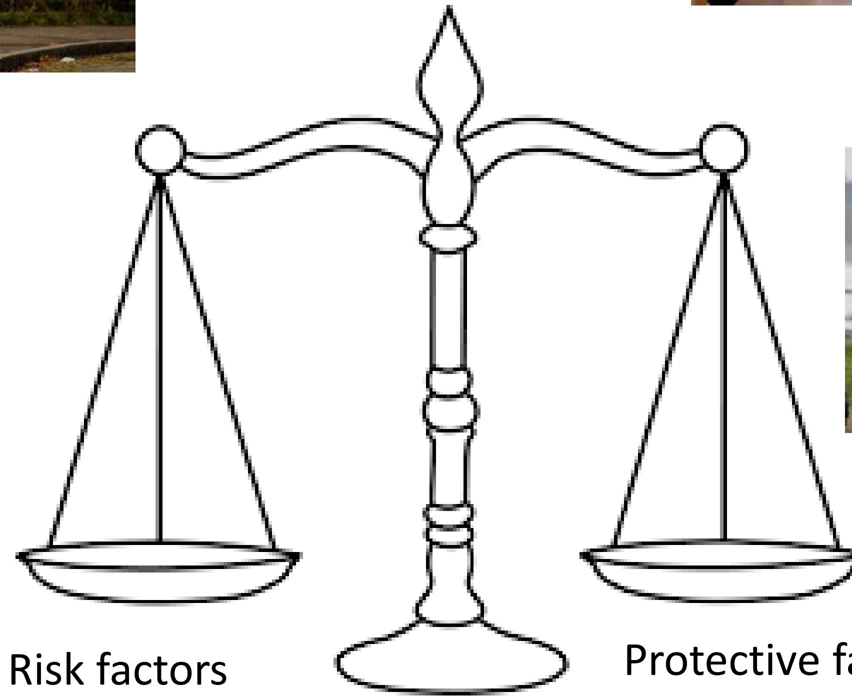
#traumadeepdive

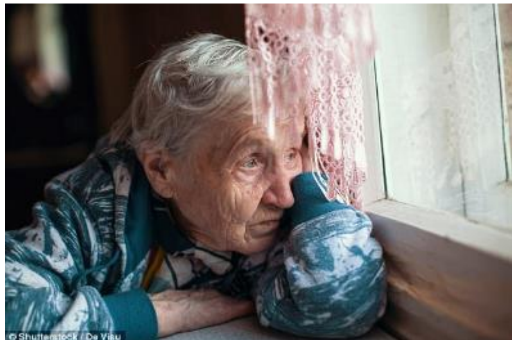
How can adopting a trauma-informed approach to adult social care help drive forward improved outcomes and support workforce wellbeing as part of Scotland's roadmap for COVID-19 recovery, renewal and transformation?

25 March 2021, 10.00am - 12.30pm

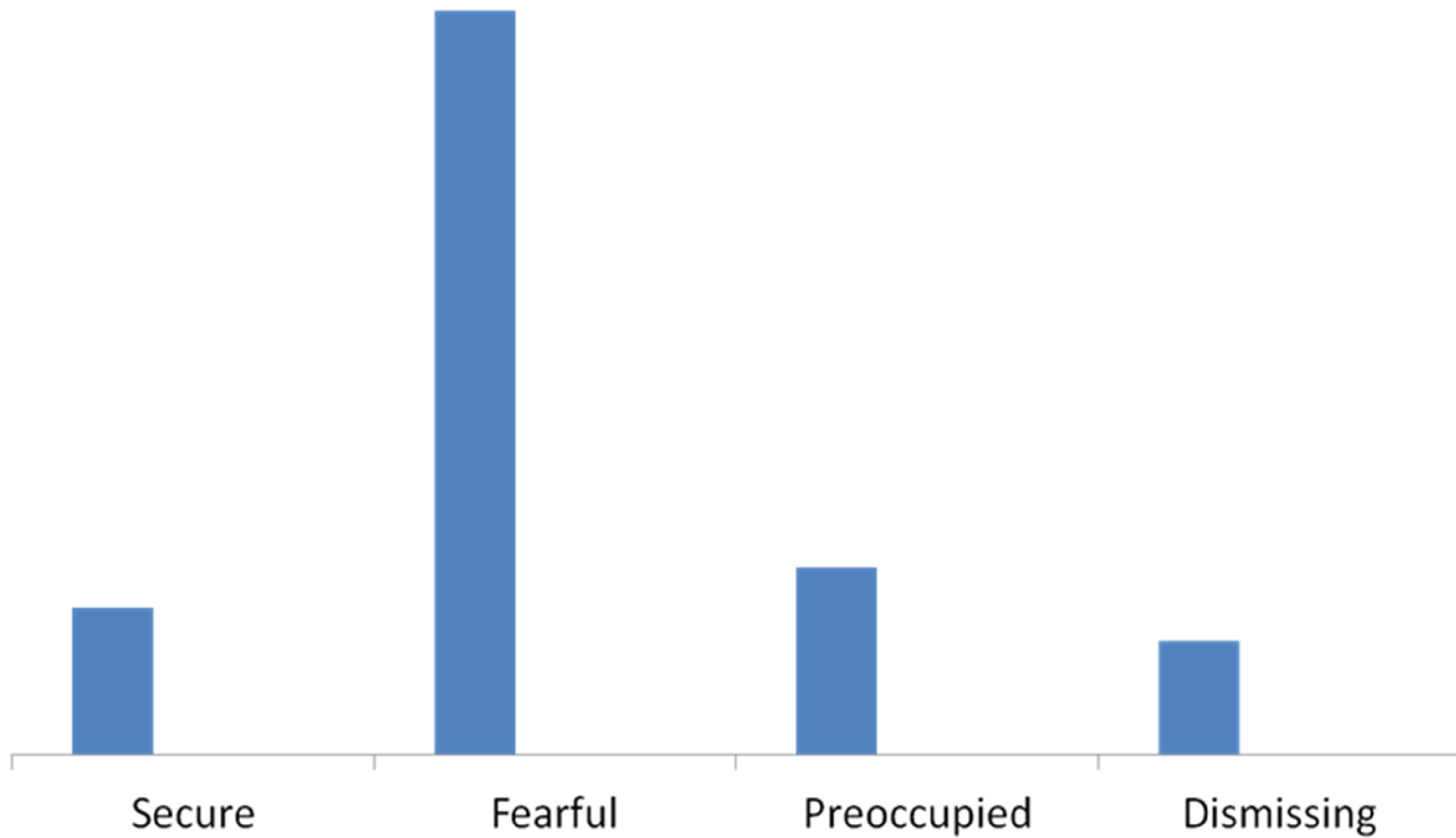
Scottish Government
Riaghaltas na h-Alba
gov.scot

Psychological trauma is the stuff of life…


Risk factors
Protective factors



ALERT
CONDITION: RED


Secure
Fearful
Preoccupied
Dismissing

Abandoning
Rejecting
Inconsistent
Unresponsive
Frightening
Untrustworthy
Judgmental
Critical
Controlling
Chaotic
Uncoordinated
Inflexible
Overwhelming

What you do really matters

Any interaction with someone affected by trauma is an opportunity for recovery and healing

- ✓ Safety
- ✓ Trustworthiness
- ✓ Choice
- ✓ Collaboration
- ✓ Empowerment

Self-care

A psychological first aid kit

Make sure you know what keeps you well

Put boundaries around work

Know what makes you feel happy & relaxed

Good food

Watch your alcohol

Spend time with friends & family

Good sleep routine

Take your holidays

Exercise

Get to know your early warning signs

Physical / behavioural

- Poor sleep
- Feeling on edge
- Avoiding things
- Withdrawing from family & friends
- Self-medication with alcohol or drugs

Emotional / psychological

- Irritability & anger ++
- Distress ++
- Feelings of dread
- Numbness
- Avoiding thinking or feeling
- Intrusive memories
- Concentration problems

Before Work

After Work

Trauma-informed organisations

Sense of competence

Preparation & training

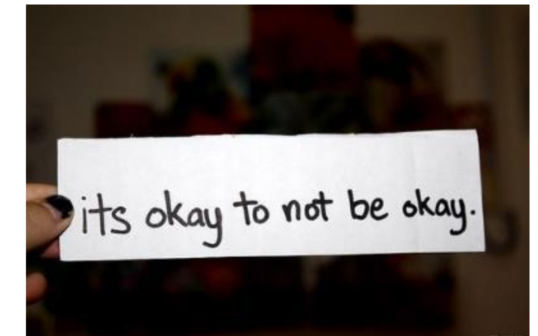
Your professional identity

Looking out for each other

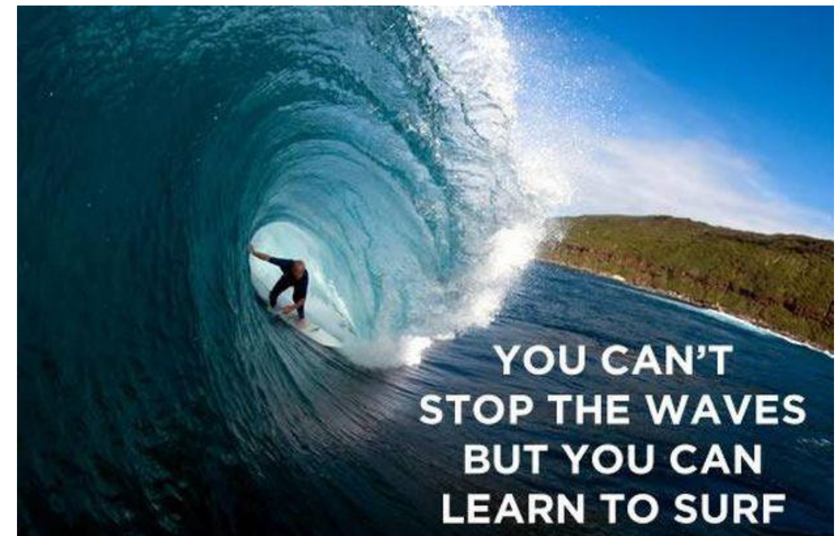
Feeling valued

Opportunities to talk

Knowing when you're not okay & being willing to seek help



The idea of resilience



Peer and social support

Staying well

Most of us, most of the time, will cope well

Make sure you know what it is that keeps you well

And if you're not coping, seek help so you can recover as quickly as possible

My device.

Staying well

Most of us, most of the time, will cope well

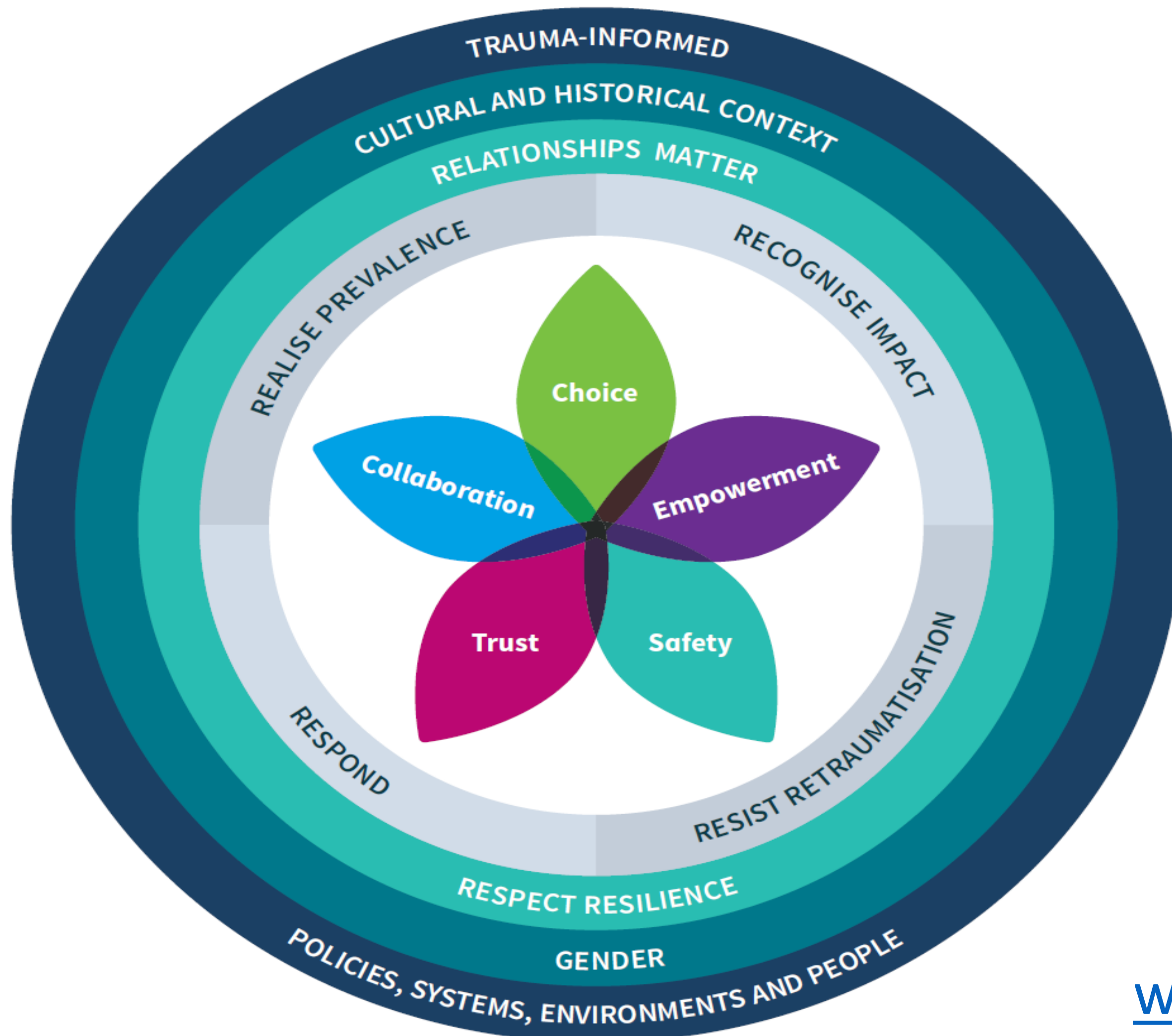
Make sure you know what it is that keeps you well

And if you’re not coping, seek help so you can recover as quickly as possible

NHS Education for Scotland

National Trauma Training Programme:

The Importance of Staff Wellbeing within a Trauma Informed System



Lisa Ronald
Principal Educator
NHS Education for Scotland (NES)

www.transformingpsychologicaltrauma.scot/

Overview

- Brief introduction to the National Trauma Training Programme (NTTP)
- Overview of the NES trauma learning resources
- Importance of staff wellbeing as part of a trauma informed system

The vision of Scottish Government:

"A trauma informed and responsive nation and workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances."

What is the National Trauma Training Programme?

Create and disseminate education and training tools and resources that enable organisations and individuals to create a trauma informed and responsive workforce that can support the SG vision.

NHS Education for Scotland

National Trauma Training Programme

Who?

People who have an explicit role in supporting children or adults affected by trauma to recover

People who do not have an explicit role in the recovery of people affected by trauma.

Trauma Specialist

Trauma Enhanced

Trauma Skilled

Trauma Informed

What can you do?

Offer evidence based approaches to recognise resilience and support recovery.

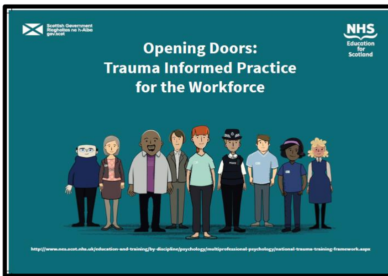
1. Understand how the impact of trauma might affect people's responses to you & your organisation

2. Adapt how you work so:
a. you do no further harm
b. the impact of trauma does not create a barrier

HOW do we implement it?

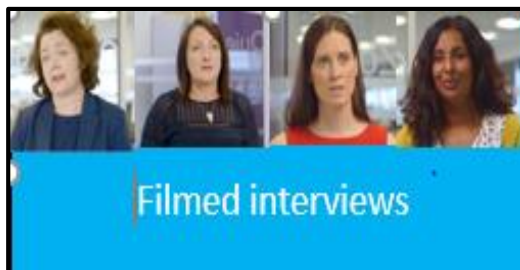
National Trauma Training Resources:

Animations and filmed workshops:



E-modules

Films:



NHS Education for Scotland

Transforming Psychological Trauma

National Trauma Training Programme Online Resources

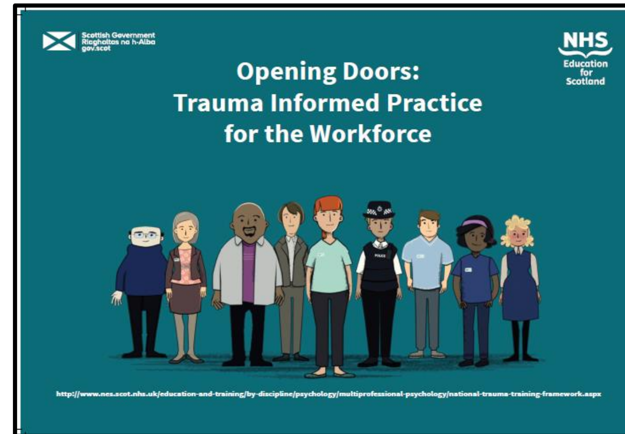
POLICE

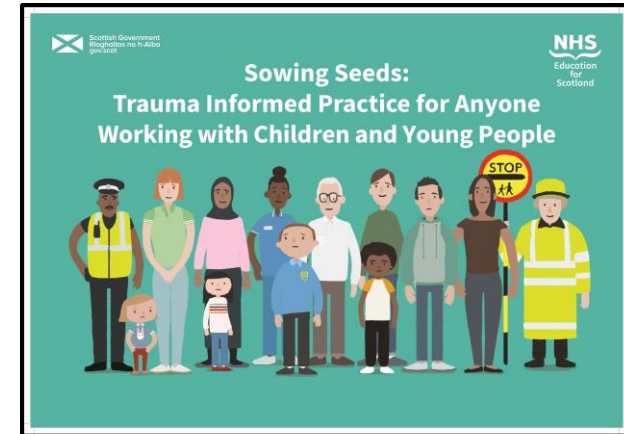
https://transformingpsychologicaltrauma.scot/resources/national-trauma-training-programme-online-resources-summary/

POLICE

Guided Workshops

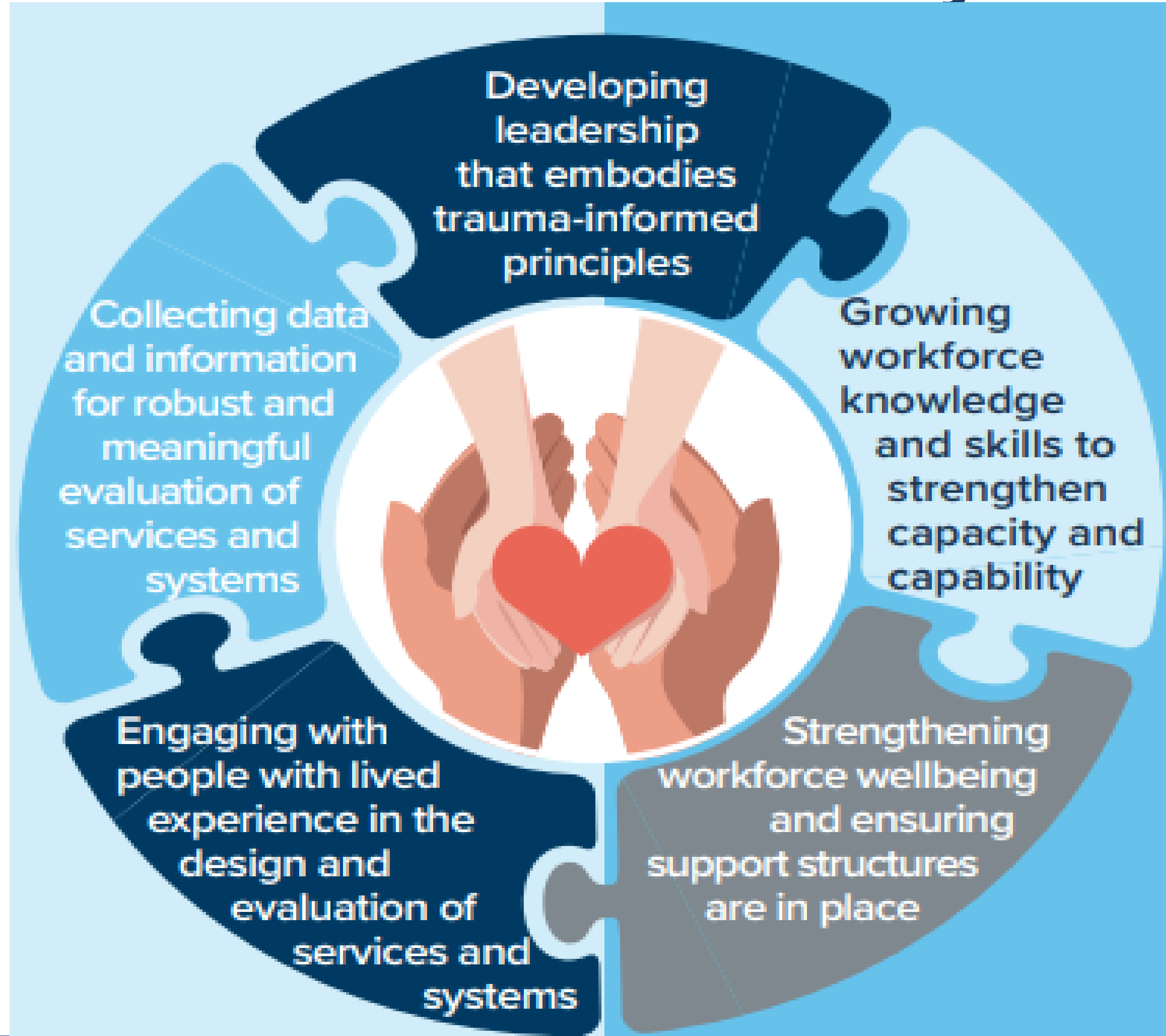
Animations:



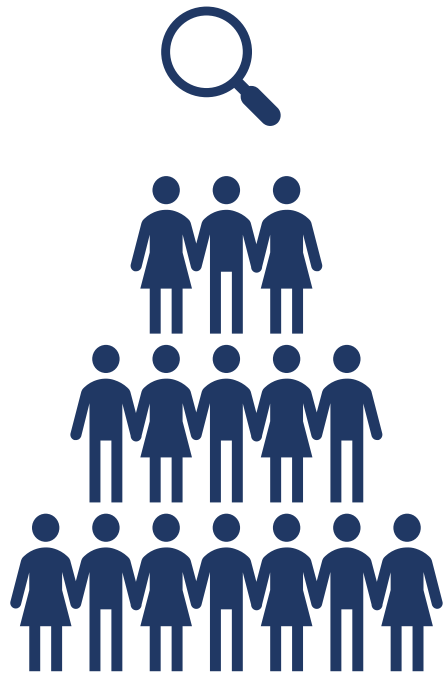


Workshops:

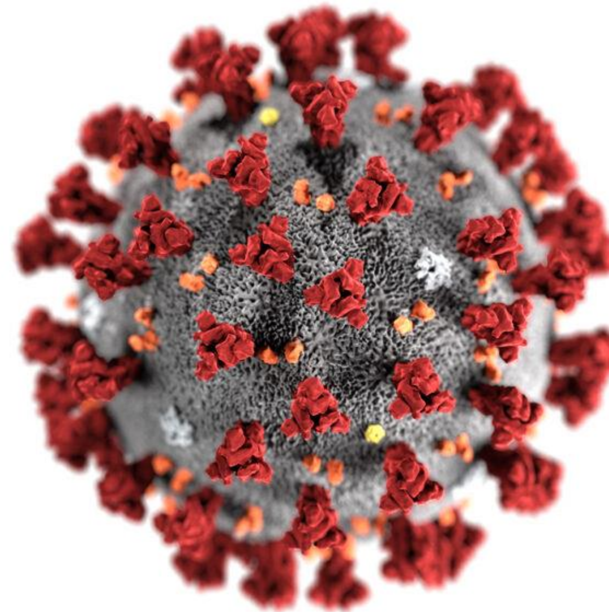
Key drivers for trauma informed systems:



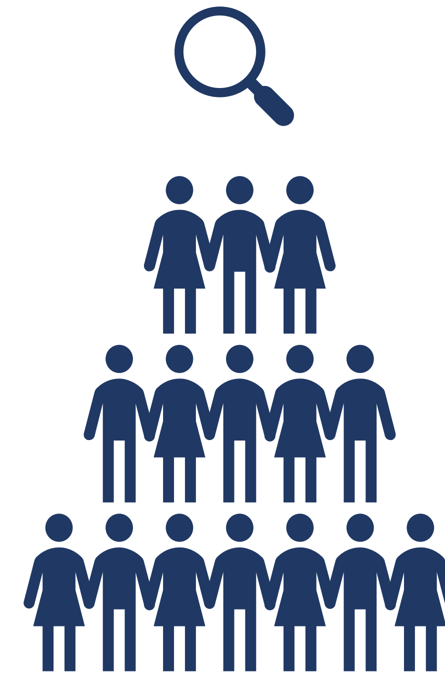
Key Driver: Staff Wellbeing



The people who use your services & their families



Covid - 19



Your staff & their families

"We are not in the same boat. We are all in the same storm."

Damian Barr (@damian_barr)

Prepare

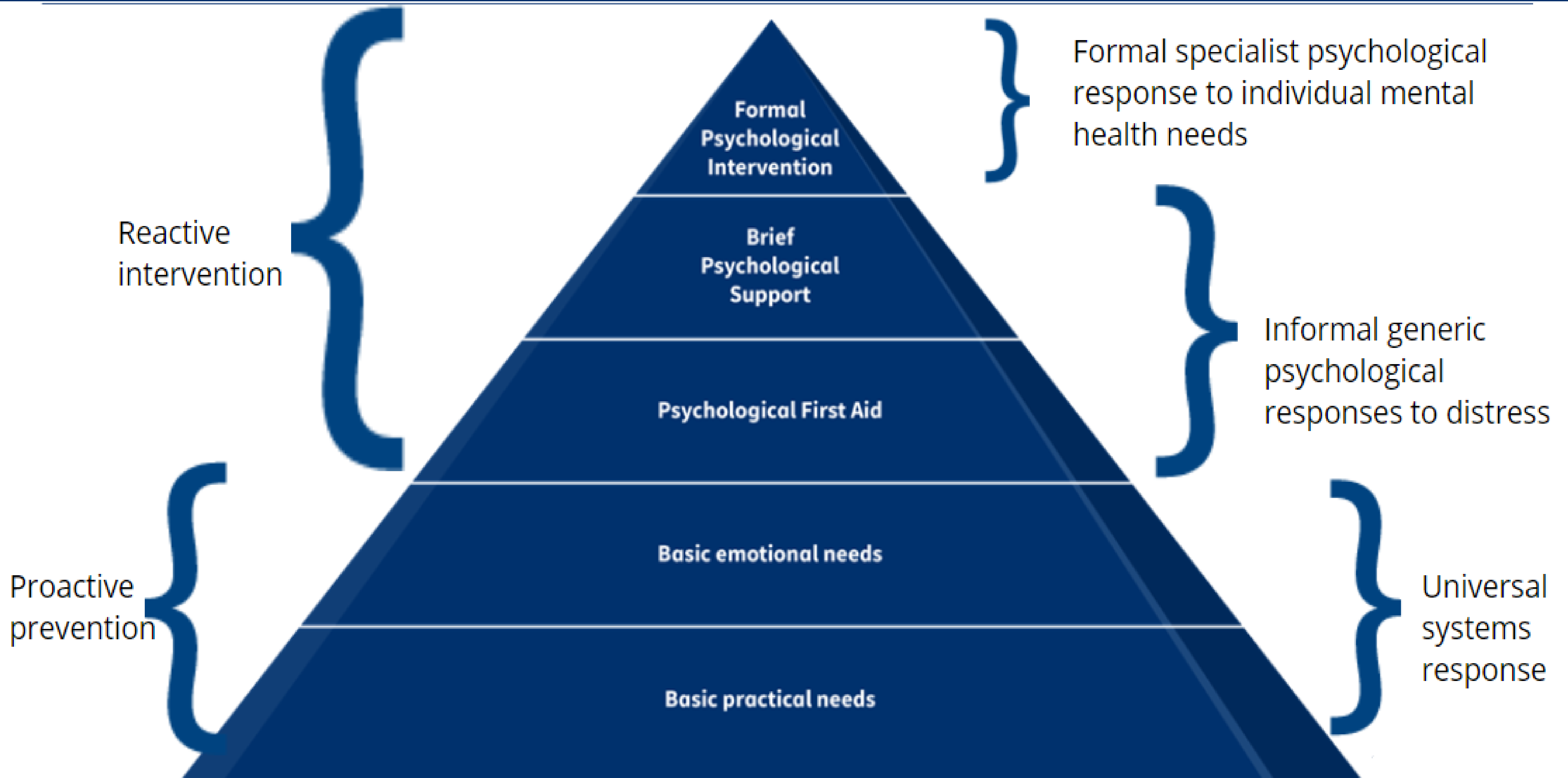
Dealing with the unknown

Action

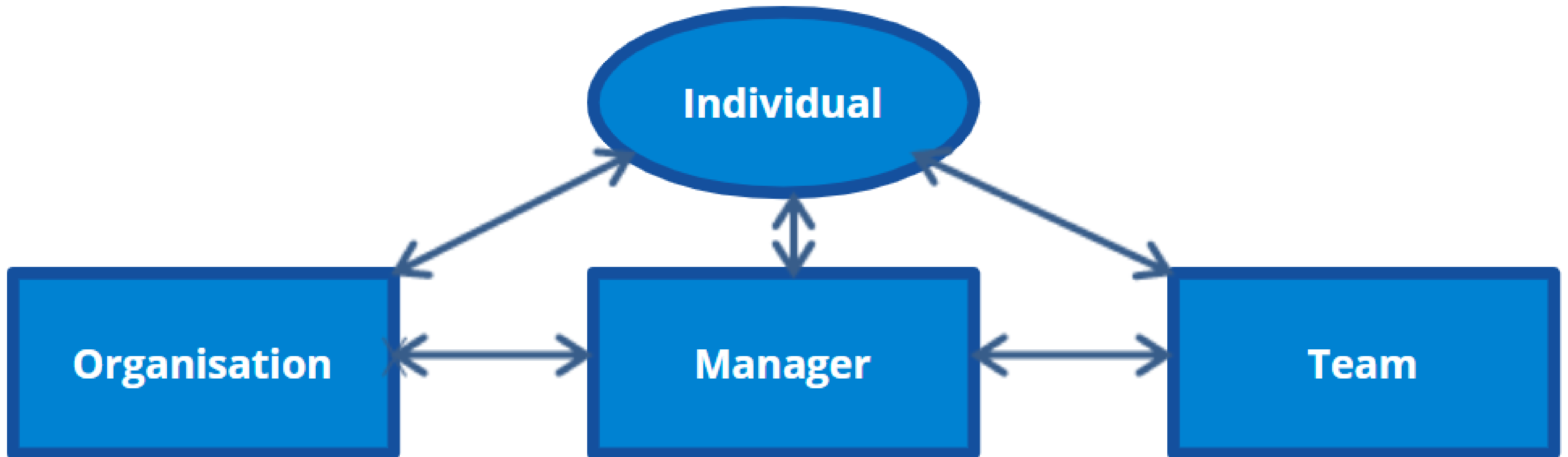
"All hands to the pump"

Worn out & exhausted

Recovery


Reactive intervention
Proactive prevention
Formal Psychological Intervention
Brief Psychological Support
Psychological First Aid
Basic emotional needs
Basic practical needs
Formal specialist psychological response to individual mental health needs
Informal generic psychological responses to distress
Universal systems response

Staff wellbeing is not the responsibility of 1 individual



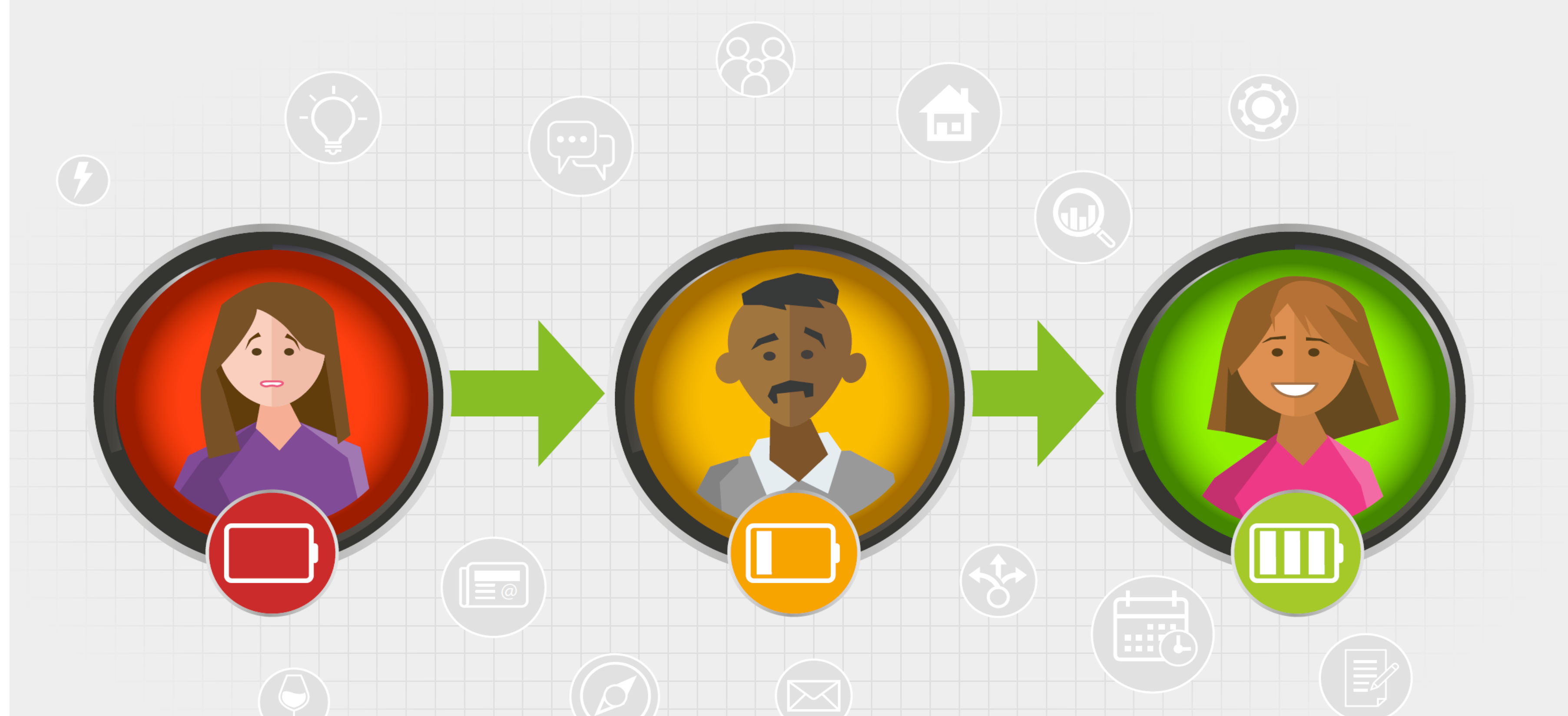
National Wellbeing Hub

“You look after us, so we’ll look after you”

https://www.nationalwellbeinghub.scot/

0800 111 4191

Taking Care of Yourself



At risk warning	Type of wellbeing		
	Physical wellbeing Examples:	**Psychological Wellbeing Examples:**	**Social Wellbeing Examples:**
Red **Stop, take action**	Disrupted / no sleep Exhausted or lethargic Drinking alcohol / abusing substances to cope No physical or leisure activity	Feeling unable to cope or afraid nearly all the time Becoming angry at work and at home Totally absorbed in thoughts about difficult or terrifying work events	Isolated from or avoiding connections with colleagues Cut off from family and friends Avoiding and/or dreading any social activity, social isolation
Amber **Possible risk: time to do something**	More tired / weak than normal Reducing activities that bring sense of enjoyment / meaning Infrequent or unhealthy eating and drinking	Feeling angry or anxious, low or sad at work much of the time Difficult to focus: At the edge of your personal “stretch” zone Can’t stop thinking about difficult events from the work shift	Limited sense of connection with work colleagues / team Reduced social contact Withdrawing mentally from loved ones
Green **None**	Physically fit and strong, exercising as normal Sleeping well, rested Eating and drinking as normal	Enjoying leisure activities Feeling mentally well, focussed Being interested and curious about the world	Feeling connected to colleagues, regular opportunity for check ins Regular meaningful restorative contact with loved ones

2 Step Approach:

1. Know your warning signs
2. Actively manage your wellbeing

https://learn.nes.nhs.scot/29700/psychosocial-mental-health-and-wellbeing-support/taking-care-of-myself

PPE for psychological wellbeing

We should not feel that it is our individual responsibility alone to protect ourselves from the psychological impact of the work we do.

Most predictors of poorer wellbeing outcomes are located in the working environment….

Not the individual and what they bring.

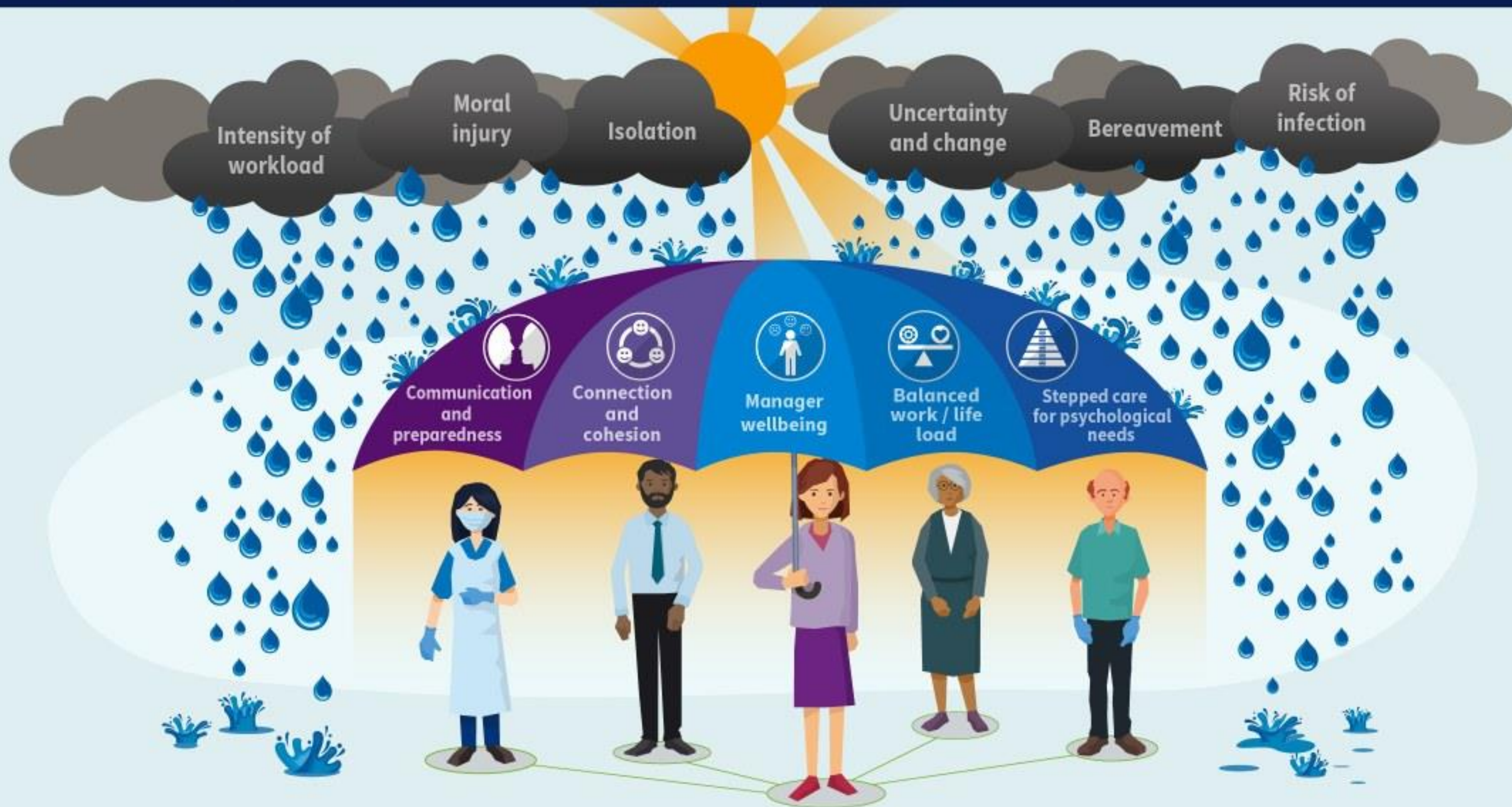
What does psychological protection look like?

Thanks to Adam Burley, Consultant Clinical Psychologist, Edinburgh Access Practice for this helpful analogy

Taking care of each other

https://learn.nes.nhs.scot/29715/psychosocial-mental-health-and-wellbeing-support/taking-care-of-your-staff

Protecting the psychological wellbeing of teams through COVID 19 for managers and leaders



PFA Care Home Podcasts for Staff & Managers

Key Principles and Drivers

REALISE PREVALENCE
RECOGNISE IMPACT
RESIST RETRAUMATISATION
RESPOND

Choice
Collaboration
Empowerment
Trust
Safety

https://sway.office.com/p3QWjY4altHviB6o?ref=Link

Enhancing Trauma Informed Practice: A Toolkit for Scotland

Dr Amy Homes, Clinical Psychologist, NHS Lothian

Amy.Homes@NHSLothian.scot.nhs.uk

Adult Social Care – Deep Dive

NHS Lothian

the rivers centre

Agenda

- Background
- Our Approach
- The Toolkit
  - Safety
  - Trust
  - Choice
  - Collaboration
  - Empowerment
- Next steps

Background

- Relatively few existing toolkits based on survivors' and staff views of what TIP looks like in a real-world setting.
- Moreover, none of these based on real-world settings in Scotland.
- Developed to support organisations, departments and teams across all sectors of the Scottish workforce, in planning and developing Trauma Informed Services.
- It should be used in conjunction with the training and implementation resources provided for both frontline staff, leaders and managers through the National Trauma Training Programme, led by NHS Education for Scotland (NES).

the rivers centre

- *"I think there's a lot of misunderstanding about exactly what that phrase is and exactly what true trauma-informed care is. And hopefully by painting a very good picture across sectors in something that's easy for people to read, they'll start realising that actually…a lot of people are not doing trauma…you know, they haven't started their trauma-informed care journey." (GP)*

the rivers centre

Our Approach

- Aims to develop guidance to enhance Trauma Responsive Care (TRC) in Scotland by:
  - Reviewing the literature on principles and components of TIC;
  - Identifying existing examples of TRC in Scotland;
  - Completing qualitative fieldwork with staff and service users in these settings;
  - Analyse and report on the findings, providing suggestions to aid implementation and development

the rivers centre

Case studies

Sector	Case study area	Number of people involved by profession
General Practice	Homelessness GP services, Glasgow	2 GPs
Mental Health	Learning Disability Services, Fife Rivers Centre, Edinburgh	7 Clinical psychologists, Psychiatrist, Counselling Psychologist, Trainee Psychologist, Psychological Therapist, 2 Mental Health Nurses, 1 Podiatrist
Residential Care	Kibble, Paisley	Forensic Clinical Psychologist, Management, Worker
Police	Violence Against Women and Community Policing, Clackmannanshire	Chief Inspector, Sergeant, 2 Constables, CJ Policy Co-ordinator, 2 Lived experience representatives
Criminal Justice Social Work	Willow project & CJSW Grindlay Street, Edinburgh	3 Clinical Psychologists, 1 sector manager, 3 senior social workers, 4 CJ Social Workers, 1 peer support worker,
Addiction Services	We Are With You (formerly Addaction), South Lanarkshire	Two therapists, manager, 4 addiction workers, 3 clients
Education	Three schools in Edinburgh (Balgreen Primary School, Broomhouse Primary School, Rowanfield Special School)	3 headteachers

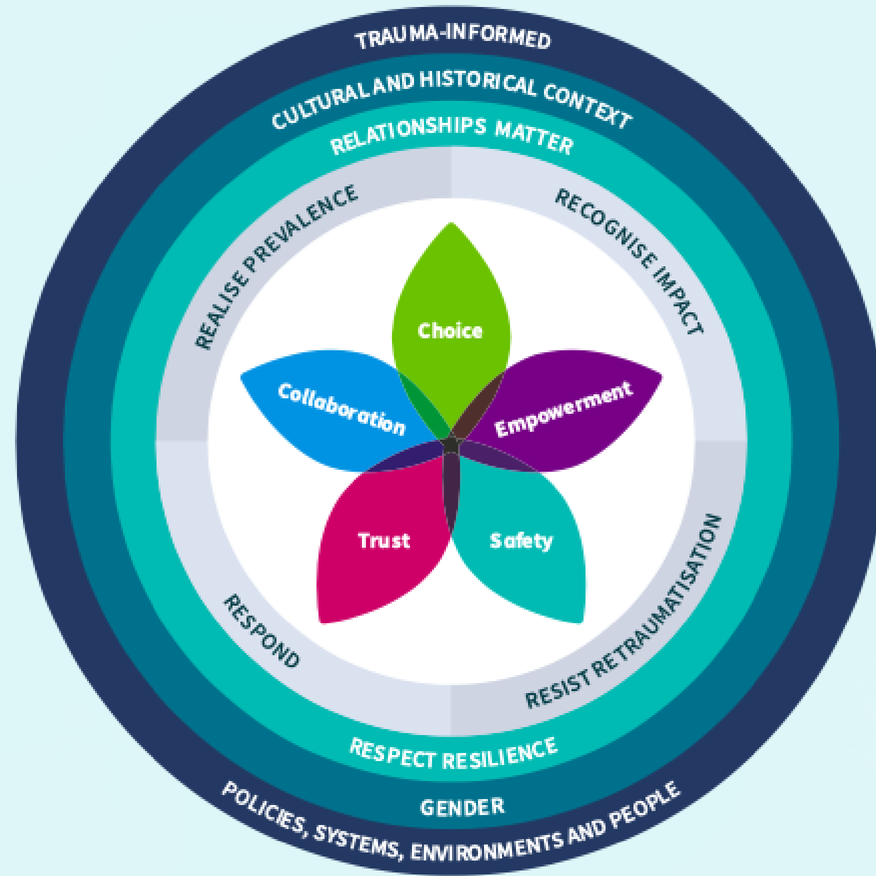
the rivers centre

Key useful parts of the toolkit

- It makes TIP tangible and helps us learn lessons from places which have been implementing it
- Useful starting point for all organisations – Appendix 1
- A set of resources if offered to provide practical help with implementing TIP (Appendix 2)
- Useful additional reading by sector (Appendix 8)

rivers the centre

Trauma Informed Systems



the rivers centre

SAMHSA Implementation domains

- **Governance and leadership**

The leadership and governance of the organisation support and invest in implementing and sustaining trauma-informed practice. There is an identified point of responsibility within the organisation to lead and oversee this work. There is inclusion of the peer voice.

- **Policy**

There are written policies and protocols establishing trauma-informed practice as an essential part of the organisational mission. Organisational procedures and cross-agency protocols reflect trauma-informed principles.

- **Physical environment**

The organisation ensures that the physical environment promotes a sense of safety and collaboration. Staff and clients must experience the setting as safe, inviting, and not a risk to their physical or psychological safety.

- **Engagement and involvement**

Staff, clients and their family members have significant involvement, voice, and meaningful choice at all levels and in all areas of organisational functioning.

- **Cross sector collaboration**

Collaboration across sectors is built on a shared understanding of trauma and the principles of trauma-informed practice.

the rivers centre

- **Screening, assessment and treatment services**

Practitioners use and are trained in interventions that are based on the best available empirical evidence and science, are culturally appropriate, and reflect the principles of trauma-informed practice. Trauma screening and assessment are an essential part of the work.

- **Training and workforce development**

There is ongoing training in trauma and peer support. The organisation's human resource system incorporates trauma-informed principles in hiring, supervision and staff evaluation. Procedures are in place to support staff with trauma histories and/or those experiencing secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals affected by trauma.

- **Progress monitoring and quality assurance**

There is ongoing assessment, tracking and monitoring of trauma-informed principles and effective use of evidence-based trauma-specific screening, assessments and treatment.

- **Financing**

Financing structures are designed to support trauma-informed practice which includes resources for: staff training on trauma; key principles of trauma-informed practice; development of safe and appropriate facilities; establishment of peer support; provision of evidence-based trauma screening, assessment, treatment and recovery supports; and development of trauma-informed cross-agency collaborations.

- **Evaluation**

Measures and evaluation designs used to evaluate service or programme implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.

the rivers centre

Scottish Government
Riaghaltas na h-Alba
gov.scot

Trauma-Informed Practice: A Toolkit for Scotland

in partnership with

Key Principle 1: Safety

Efforts are made throughout the organisation to ensure that staff and the people they serve feel physically and psychologically safe. Staff and clients should experience the setting and the interpersonal interactions taking place within the setting as safe, inviting, and not a risk to their physical or psychological safety.

Physical Environment

All of the case studies demonstrated an understanding that safety was a priority for their clients. Each case study organisation had taken steps to ensure the physical environment promoted a sense of safety and protection, and created a welcoming and domestic atmosphere. Considerable effort had been made by staff to create waiting rooms and consulting rooms with a 'living room' ambience, where people could feel comfortable and at ease.

Opaque screening and sound proofing were used where possible, to reinforce a sense of privacy and confidentiality. Furnishings were chosen specifically for their non-institutional qualities, and attention was paid to detail such as the selection of neutral pictures for the walls, ambient music instead of a radio playing, and the availability of reading materials that were non-triggering. In police stations, a living room style was created in interview rooms for victims and/or vulnerable people to try to promote a sense of safety.

Toolkit

? How does the physical environment promote a sense of safety, calming and de-escalation for clients and staff?

? In what ways do staff members recognise and address aspects of the physical environment that may be retraumatising, and work with either a) improving the environment and/or b) with people on developing strategies to deal with this?

Trauma-informed Lens

? How do the organisation's written policies and procedures include a focus on trauma and issues of safety and confidentiality?

Policy and Procedures review

? How has the organisation provided space/opportunities that both staff and people receiving services can use to practise self-care?

A waiting room (Mental Health), a treatment room (Addictions) and a nurture room (Education).

In some cases, areas were zoned to maximise a feeling of protection. In the waiting room of one service, this was created using seating clusters and high-backed curved-carcass chairs. In one case study area, this was created using panel boards. In the context of residential care, the needs of children and young people were addressed through the creation of calm areas or communal zones. In most cases, lighting was usually intentionally kept subdued and colour schemes neutral to avoid overstimulation.

A classroom using "zoning"

Toolkit

? How is a gender differential taken into account in site selection (if possible) and recruitment?

? How has the organisation developed mechanisms to address gender-related physical and emotional safety concerns (e.g. gender specific spaces, gender specific activities)?

Trauma-informed Lens

? How will a Service Walkthrough be completed, and how will the findings from this be built into the plan to help the service become trauma responsive?

Policy and Procedures review

Interviewees described conducting a 'trauma-informed walk through' of their respective premises to inform the establishment of a physically and emotionally safe environment for service users and staff.

> ***"...a really simple example is we did a walk round and thought, what is potentially scary here? And an example were there was a smashed window that nobody had noticed for like six months, just a tiny one. There was burglar-proofing, like barbed wire stuff on a drainpipe. Loads of things like that, and it was like, why are these still here? It was just asking that question and we made some good changes to that." (Residential care).***

Several case study areas described the importance of taking into account gender differentials when choosing a site, ensuring there are waiting rooms with enough space to provide distance when needed, especially for people who have experienced gender-based violence.

> ***"For these kids, it was about having different areas for different moods or needs, if you like. So, a play area, a calm area, a communal area, lots of outside area." Residential setting.***

> ***"It's a female only, and I know that sounds horrible, but we're not men haters or that, but it's just easier, like to sit and like talk and that, if that makes sense.... Just because a lot of women have been hurt or been in like domestic abuse relationships and that, so it's not really good or handy like to have a man around, much better and easier for women to open up to women." (CJSW)***

The premises of some case studies had kitchen areas connected to the reception, adding to an atmosphere of domesticity, where people were encouraged to prepare their own tea or coffee on arrival. Alternatively, welcoming reception staff offered drinks to visitors, or a water cooler was available.

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/6/

Appendix 2: The tools

Toolbox 1: Background materials for explaining effects of trauma	
Understanding the impact of stress on the brain, Blue Knot Foundation	Link to Appendix 3
Understanding the stress response, Blue Knot Foundation	Link to Appendix 3
The window of tolerance Blue Knot Foundation and locally developed tool	Link to Appendix 3
A useful film on neuropsychology and trauma (NHS Lanarkshire)	https://vimeo.com/325875547
National wellbeing hub - is it normal to feel like this?	https://www.promis.scot/resource/common-reactions/

Toolbox 2: Staff wellbeing	
Staff wellbeing - NES	https://sway.office.com/p3QWjY4altHvIB6o?ref=Link
Mind - wellness action plans	https://www.mind.org.uk/media-a/5760/mind-guide-for-employees-wellness-action-plans_final.pdf
National Trauma Training Programme Online Resources	Link to Appendix 4
National wellbeing hub - coping and self-care	https://www.promis.scot/resource/coping-and-self-care
Emergency service staff wellbeing	https://www.lifelines.scot/

Toolbox 3: Trauma-informed leadership	
National Trauma Training Programme Online Resources	Link to Appendix 4
National wellbeing hub resources for leaders	https://www.promis.scot/resource/leadership/
Trauma-informed leadership for Organisational Change: A framework (MHCC)	https://www.mhcc.org.au/resource/trauma-informed-leadership-for-organisational-change-a-framework/

Toolbox 4: Getting Lived Experience on Board	
Good starting points for lived experience involvement (adapted from Harris & Fallot)	Link to Appendix 5
Inclusive Justice: Co-producing Change	https://www.cycj.org.uk/resource/inclusive-justice-co-producing-change/
Scottish independent advocacy alliance -	https://www.siaa.org.uk/
Health Improvement Scotland - Participation toolkit	https://www.hisengage.scot/equipping-professionals/participation-toolkit/

Toolbox 5: Trauma Training	
National Trauma Training Programme Online Resources	Link to Appendix 4

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

the rivers centre

Toolbox 6: Evaluation	
Outcome measures table - from scoping phase	Link to Appendix 6
Outcome measures used in case studies	Link to Appendix 7
Evaluation Scotland resources - logic models	https://evaluationsupportscotland.org.uk
Better evaluation	https://www.betterevaluation.org/en/what-evaluation

Toolbox 7: Progress monitoring and Quality Assurance	
Data collection	Link to Appendix 7
The Participation Toolkit (Scottish Healthcare Improvement Scotland)	https://www.hisengage.scot/equipping-professionals/participation-toolkit/
Inclusive Justice: Co-Producing Change	https://www.cycj.org.uk/resource/inclusive-justice-co-producing-change/

Toolbox 8: Other Toolkits for Organisational Change	
Trauma-informed Oregan Roadmap	https://traumainformedoregon.org/roadmap-trauma-informed-care/screening-tool/
Trauma-informed Practice Guide (British Columbia)	https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
CCTIC (Fallot & Harris, 2009)	https://www.theannainstitute.org/CCTICSELFASSPP.pdf
Becoming Trauma-informed Tool Kit for Women's Community Service Providers (Stephanie Covington, 2016)	https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf
TICPOT	https://mhcc.org.au/resource/ticpot-stage-1-2-3/
Useful reading and toolkits by sector	Link to Appendix 8

Toolbox 9: Hiring a Trauma-Informed Workforce	https://www.chcs.org/resource/laying-groundwork-trauma-informed-care/

Toolbox 10: Trauma-specific models and therapeutic modalities	
Post traumatic Stress Disorder NICE guideline	https://www.nice.org.uk/guidance/ng116
What is complex PTSD", the Psychologist	https://thepsychologist.bps.org.uk/what-complex-ptsd
Example of treatment approaches (Prolonged Exposure, EMDR, Seeking Safety, etc)	https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
Trauma-informed Care in Behavioural Services	https://www.ncbi.nlm.nih.gov/books/NBK207201/
EMDR	https://emdr-europe.org/

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

Toolbox 11: Trauma-informed lens tools	
NES Trauma-informed Lens workshop	Link to Appendix 4
Sowing Seeds animation	Link to Appendix 4
Opening Doors Animation	Link to Appendix 4

Toolbox 12: Advice on how to use trauma-sensitive language	
Recovery Orientated Language Guide (MHCC, 2019)	https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf
Example of a Shared Language document (Lancashire Police, 2019)	https://www.lancashiresafeguarding.org.uk/media/1406/A-Shared-Language-for-ACEs-and-TIP.pdf

Toolbox 13: Asking about trauma	
How to ask about trauma	Link to Appendix 9

Toolbox 14: Setting up/running a Trauma-Informed event	https://mhcc.org.au/wp-content/uploads/2018/05/ticp_checklist_v4_20180222.pdf

Toolbox 15: Policy and Procedures review	Link to Appendix 10

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

Taking a Trauma Informed Lens to Your Practice Workshops

The aim of these two workshops is to help individuals and teams examine how they work through a trauma informed lens. There are five key pause points for reflection, discussion, planning and commitment. Whether you watch this as an individual or a team, it will help you to reflect on

1. the extent to which the people you work with may have experienced trauma, and the impact that might have on your work
2. recognising and celebrating your existing trauma informed practices and how to sustain these
3. Identifying, and making an active commitment to the small changes you can make to help you recognise where someone may be affected by trauma, and respond in a way that limits re-traumatisation and supports their recovery using the principles of trauma informed practice.

Taking a Trauma Informed Lens to your service and practice: Opening Doors for working with adults

Workshop With Dr Caroline Bruce, NHS Education for Scotland

Workshop guide (coming soon)

Planning tool (coming soon)

Taking a Trauma Informed Lens to your service and practice: Sowing seeds for working with children and young people

Workshop with Dr Nina Koruth, NHS Education for Scotland

A facilitators guidance (coming soon)

Planning tool (coming soon)

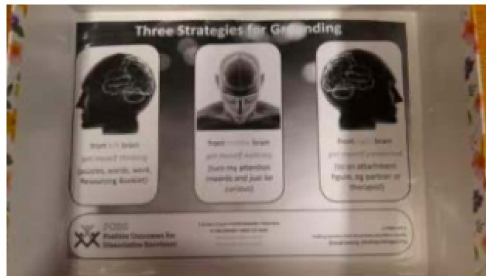
An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

Trauma-specific models included Judith Herman's phased-based trauma model and the Seeking Safety model developed by Lisa Najavits (2002).

Case study organisations that were involved in the delivery of treatment services confirmed that their clinicians and practitioners were trained in the use of evidence-based interventions and adhered to the recommendations of treatment guidelines and guidance documents, such as the NICE guidelines for PTSD or the Matrix.

Staff commonly described the importance of having tools they could use to help stabilise their clients. Interviewees emphasised the need for staff to be trained in the delivery of safety and stabilisation interventions in particular, given the role of these self-management skills in increasing a sense of emotional safety for clients. Highlighted interventions included grounding techniques, breathing exercises and mindfulness.

> ***"The big difference for me out of the whole thing was given the practical tools because that's stuff that you could take with you for the rest of your life, you know. I've never had that kind of help before." (Addictions)***



Toolkit

? What is the specific model underpinning the organisation's trauma-informed work? Their trauma-specific work?

? Does the organisation have the capacity to provide trauma treatment or refer to appropriate trauma treatment services? Is there a wait for these? If so, is there an alternative way of providing this service?

Trauma-specific models and therapeutic modalities

? Do staff members talk with people about the range of trauma reactions and work to minimise feelings of fear or shame and to increase self-understanding? Can/should they be completing safety and stabilisation work with the client?

Background materials for explaining effects of trauma

Trauma training

Advice on how to use trauma-sensitive language

? How are these trauma-specific practices incorporated into the organisation's ongoing operations?

Policy and Procedures Review

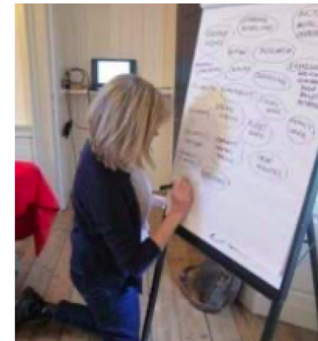
In one case study area, a specific safety and stabilisation training programme was routinely provided to a sub-group of clinical staff.

The training introduced staff to the concept of the 'window of tolerance' and referred to various methods of emotion regulation. The programme was being evaluated with a view to rolling it out to other staff groups. Another case study area provided 'calming boxes' to trauma survivors. Others offered 'fidget' objects that supported the safety and stabilisation work delivered in the course of psychological treatment.

To support staff in the delivery of such interventions, interviewees highlighted the importance of self-care, supervision and opportunities for reflection.

> ***"About self-care, so when you first come to [name of service], everybody has a self-care plan which…it's mandatory to kind of create in a collaborative way." (CJSW)***

> ***"we have group supervision weekly, a reflection space where we can bring difficult exchanges…it's about kind of the emotional impact of the work." (CJSW)***



Toolkit

? How does ongoing workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors?

Trauma training

? What types of training and resources are provided to staff and supervisors on incorporating supervision in their work?

Staff Wellbeing

? Would creating a specific policy in accessing supervision in your service create more service congruency?

Policy and Procedures review

? Are staff given the opportunities to come together and reflect?

Staff Wellbeing

In a police setting, the inherent stigma which can be attached to selfcare was raised as a barrier, although it was recognised this has changed in recent years and the mental health and safety of officers and staff is now better recognised. There is now a range of tools and networks to support wellbeing and resilience (including Lifelines Scotland).

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/6/

Appendix 2: The tools

Toolbox 1: Background materials for explaining effects of trauma	
Understanding the impact of stress on the brain, Blue Knot Foundation	Link to Appendix 3
Understanding the stress response, Blue Knot Foundation	Link to Appendix 3
The window of tolerance Blue Knot Foundation and locally developed tool	Link to Appendix 3
A useful film on neuropsychology and trauma (NHS Lanarkshire)	https://vimeo.com/325875547
National wellbeing hub - is it normal to feel like this?	https://www.promis.scot/resource/common-reactions/

Toolbox 2: Staff wellbeing	
Staff wellbeing - NES	https://sway.office.com/p3QWIY4altHviB6o?ref=Link
Mind - wellness action plans	https://www.mind.org.uk/media-a/5760/mind-guide-for-employees-wellness-action-plans_final.pdf
National Trauma Training Programme Online Resources	Link to Appendix 4
National wellbeing hub - coping and self-care	https://www.promis.scot/resource/coping-and-self-care
Emergency service staff wellbeing	https://www.lifelines.scot/

Toolbox 3: Trauma-informed leadership	
National Trauma Training Programme Online Resources	Link to Appendix 4
National wellbeing hub resources for leaders	https://www.promis.scot/resource/leadership/
Trauma-informed leadership for Organisational Change: A framework (MHCC)	https://www.mhcc.org.au/resource/trauma-informed-leadership-for-organisational-change-a-framework/

Toolbox 4: Getting Lived Experience on Board	
Good starting points for lived experience involvement (adapted from Harris & Fallot)	Link to Appendix 5
Inclusive Justice: Co-producing Change	https://www.cycj.org.uk/resource/inclusive-justice-co-producing-change/
Scottish independent advocacy alliance -	https://www.siaa.org.uk/
Health Improvement Scotland - Participation toolkit	https://www.hisengage.scot/equipping-professionals/participation-toolkit/

Toolbox 5: Trauma Training	
National Trauma Training Programme Online Resources	Link to Appendix 4

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

the rivers centre

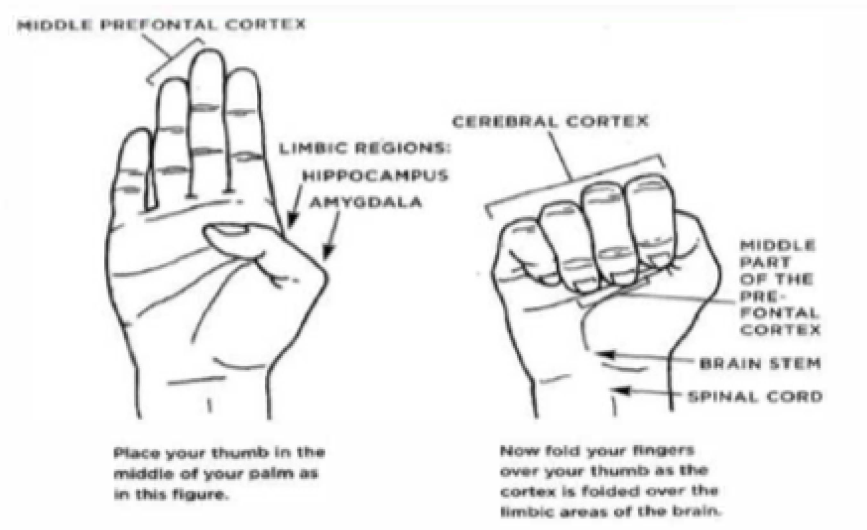
HAND MODEL OF THE BRAIN

(Daniel J. Siegel, 2009) Demonstration at https://www.youtube.com/watch?v=gm9CIJ74Oxw

The 'hand model' of the brain is a simple and effective way of introducing the three basic areas of the brain (i.e. *brain stem, limbic system and prefrontal cortex*). It is also helpful to understanding of what happens in and to the brain under stress. As such, it provides a valuable illustration of information of which all primary care practice staff should be aware.

In the 'hand model', the different parts of the human hand represent each of the above three brain regions. The brain develops with the bottom region forming first and the top region last. Hold hand upright with palm facing outward. The *wrist* represents the brain stem (the part which controls level of arousal and which developed first).The *palm with thumb folded over it* represents the limbic system (the 'emotional' part of the brain which developed next). The *fingers* (folded down to cover the thumb and palm) represent the cortex or cognitive ('thinking/reflective') part of the brain which evolved last.

The simple shift of moving your fingers upright and away from your palm (so that thumb and palm are exposed) represents how severe stress can cause us to 'flip our lid'. Stress activates our arousal ('survival') responses – represented by the upright wrist - and 'knocks out' our capacity to think and reflect:



An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

the rivers centre

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/7/

Key Principle 2: Trustworthiness

This principle refers to the degree to which organisational operations and decisions are conducted with transparency, with the goal of building and maintaining trust among clients and their family members, and among staff and others involved in the organisation.

Screening, assessment and treatment services

Service users reported high levels of trust in the staff providing these services. They explained that feeling safe, being treated with respect and being listened to, led to the development of a trusting relationship. Interviewees stressed the importance of professionals realising that trust from service users needs to be "earnt", especially if they have had negative experiences with services before.

> ***"...being able to...you know, being able to open up about things that, you know, I haven't told anyone else in the world. Anyone else in the world. Feeling safe enough to be able to do that...that's really special. What I mean to say is, that's the level of safety and trust that was there, you know." (Addictions)***

> ***"I know...they've got my best interests at heart and that, unless I need to speak to them, they'll guide me, they'll give me guidance, and I know that a lot of the women trust them and that. I know at first quite a lot of the women don't trust them, they say the same here, because social work, social work, social work, and quite a lot of us have had bad experience with social work, and it's not fair that they tar them all with the same brush." (CJSW)***

Interviewees spoke about the need for clarity and transparency in service delivery. From their initial contact onwards, service users emphasised the need to know what a service could and could not do for them. Interviewees gave a clear message that if a member of staff says they're going to do something, they should follow it through, and if they cannot follow it through they should take the time to explain why.

> ***"...make sure that you're making eye contact with them, and you're letting them like talk. You're not just interrupting them every two minutes to say to them, this is how we'll fix it, this is how we'll deal with it. Let that person you're talking to gain your trust that way."***

They also highlighted the need for clarity with regard to the boundaries of confidentiality and the circumstances under which these boundaries would be breached.

> ***"We're pretty tight on boundaries as well. So, in terms of like, people should know what they can and can't do in the Centre....expectations of them and their expectations of us." (CJSW)***

Staff acknowledged that the issue of data-sharing was of particular concern to service users and several case study services described the routine use of formal data-sharing agreements. One case study service described efforts to create a transparent system of data recording, where staff checked the accuracy of information directly with their clients prior to its documentation in formal records. Consent was routinely sought from clients before the information was shared with

Toolkit

? How is transparency and trust among staff and clients promoted?

Trauma-informed Lens

Getting Lived Experience on Board

Asking about trauma

? How do the organisation's staffing policies demonstrate a commitment to staff training on providing services and supports that maximise trust and transparency?

? How do the organisation's written policies and procedures include a focus on trauma and issues of safety and confidentiality?

Policy and Procedures Review

other professionals, and clients were asked to identify any information that they wished to keep confidential. This was then omitted from the formal record.

> ***"...the biggest part [...] is trying to give women as much transparent trust and control...by being really clear with her about what our roles and responsibilities are, and how we're going to do that..." (CJSW)***

Interviewees talked about circumstances where they believed trauma survivors were likely to experience a breach of trust in their relationship with individual staff members or with services generally, for example detention under the Mental Health Act, the execution of an arrest warrant by police officers, citation of an individual as a witness in a court case, or the removal of children from their family due to welfare concerns. Staff felt that breaches of trust could be mitigated to some extent by transparent dialogue in advance of any intervention, and a client's sense of attachment to the service as a whole.

> ***"...there are some tensions here with trust...there are certain things, you know, certain restrictions on services safety. So sometimes, for example, you have to detain somebody under the Mental Health Act. Sometimes you might have to breach confidentiality... and I think there are some genuine tensions there... so it's not as simple as being nicer to people, although it's not to be undervalued that...I think it's about boundaries and being clear and being really straightforward. I think sometimes we try too hard to be nice or popular." (Mental Health).***

> ***"Quite specific but clarifying boundaries with trust – I'm not...you can come here, you know, and I will not be telling them...I'll be crystal clear...I give you my guarantee I will not let the UK border agency know that you are here. I would not do that." (GP)***

Training and workforce development

Staff felt it was essential to have an understanding of the ways that traumatic experiences, particularly pervasive interpersonal trauma, can erode an individual's capacity for trust in others.

They suggested that workforce training should routinely incorporate the impact of trauma on relationships, in order to highlight the importance of treating service users with respect, honesty, transparency and consistency.

A common theme among interviewees was the importance of trust: the impact a trusting relationship can have on an individual, and also the impact when trust in not there or a service user feels it has been breached.

> ***"we need to try to change the path...we're only going to change it by building the relationship and trust and then providing the support of guiding them towards the support that's going to change that path." (Police)***

> ***"Trust, if you don't have trust, you've got nothing...there's no point you trying to work with people if you can't trust them. There's no point trying to get help for yourself if you don't trust that person because you're not going to open up to you, so you are just wasting your time, basically. You'll just keep going round in circles at the same thing, 'til somebody has trust and opens up about it."***

Toolkit

? How is information recorded and how is it passed on, respecting the collaborative and trusting relationship which has been built between staff and survivors?

Policy and Procedures Review

? How does the organisation ensure all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, strategies for trauma-informed approaches across the agency and across personnel functions?

? How does on-going workforce development/ staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors?

Trauma Training

Appendix 9: Asking about Trauma

Before asking, it is important the questions have a preface, which normalises the question and explains that they do not have to answer it if they do not want to. For example,

> ***"We know that difficult experiences people have been through, maybe linked to the mental health difficulties they are experiencing. I am going to ask you some questions we always ask people, we know they can be difficult questions for some, and you do not have to answer them if you don't want to."***

The actual question needs to be specific and clear. When Sweeney et al. (2016) implemented TIC in Newcastle and Tyne NHS, a specific policy was created on how people should ask about trauma and how to respond/next steps to take. If an individual does not want to answer the question, that needs to be understood by staff as disclosure needs to go at the pace of the individual. The box below provides recommendations on how a practitioner should respond to trauma and abuse disclosures.

Where a person discloses trauma and abuse, Read and colleagues (2007) recommend the practitioner responds in the following way:

- reassure the person that disclosure is a good thing
- do not try to ascertain the details of the trauma or abuse
- ask if anyone has been told previously and how that went
- offer trauma-specific support and know how to refer people to it
- ask whether the trauma is related to their current difficulties
- check their current safety (freedom from abuse)
- check the person's emotional state after the conversation
- get in touch to follow up with them.

Adapted from Sweeney et al. (2018)

A common misconception when a disclosure is made, is that the person receiving the disclosure needs to gather detailed information about the trauma. This is not the case, as long as enough information is gathered to ascertain if the person is still at risk, or others are could still be at risk. When safety and stabilisation work is not available within the organisation, there should be a clear referral system in place so workers know the correct next steps in helping someone in their recovery.

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

the rivers centre

"…I didn't feel that pressured, if I was having a bad day or that, I knew that it was alright…to have a day off."

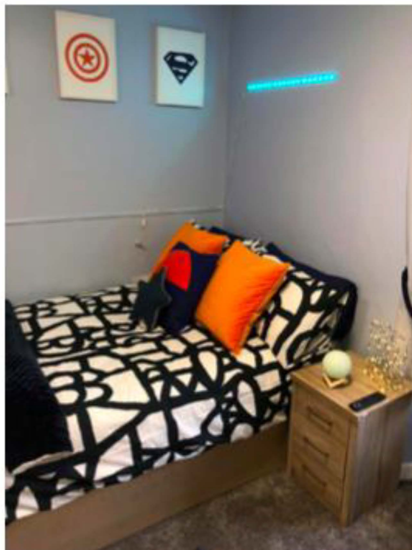
"I've had other interactions with other organisations where I've contacted them by email and… I find it difficult to use the phone, and they've insisted that I phone. And I've said, well, I'm really not comfortable doing that and it's basically like too bad, you know, get lost."

"…we've gone through lots of iterations of how we offer care, so we run drop-in surgeries, we've run booked appointments on the day, we've run longer booked appointments….so we would tend to frame that within trauma-informed care, 'cause it's about trying to be collaborative and meet people where they're at." (GP)

Working in the wake of a global pandemic presented particular challenges with regard to the capacity of some organisations to offer choice.

"…at the moment with COVID on the go, we're trying to offer booked appointments only, but we do still have people turning up….pre people being a bit more signed up to all of this, the idea of trauma-informed care, they would have just seen that as problematic….the person would often get, you know, 'why are you here' response. What we try and do now is try and say, you know, it's great you've turned up…and some days a doctor…is available to see a person, but other days they're not. So we'll try our best to either get them to see a nurse or get them to see a pharmacist."

In some case study areas, interviewees explained that their ability to offer choice was compromised by the organisation's primary purpose, its culture or its policies. In these circumstances attempts were made to embed an element of choice, however small, in the daily routines of the organisation whenever possible. For example, in the trauma-informed residential house, children were given the choice of how to paint and decorate their bedroom, or in education, a choice of activities.



"We have a lot of children who struggle in the afternoons as they go to bed late, so we allow them to choose activities when they can't concentrate…. they don't kick off…There's always a 'choice' time we are always quite structured because that's what these children need. They may have little structure at home…they can choose a book they want me to read." (Education)

"…so part of how you could have more choice is you have more options. You say right, okay, we recognise that you may be at a different stage, so maybe psychology isn't for you, but there is this, so if you want to…if this isn't right for you, there is an option." (Mental Health)

"…being able to negotiate a little bit with people, about what's going to work for them, and what's going to make it most element of choice, however small, in the daily routines of the organisation wherever possible so that they're able to come and be able to engage". (CJSW)

Updates Available
Do you want to install the updates now or try tonight?

…policies and procedures include a focus on trauma and issues of safety and confidentiality?

? How do the organisation's written policies and procedures recognise the pervasiveness of trauma in the lives of people (using the services and working in them), and express a commitment to reducing retraumatisation and promoting well-being and recovery?

? What policies and procedures are in place for including trauma survivors/ people receiving services and peer supports in meaningful and significant roles in organisation planning, governance, policy making, services and evaluation?

Policy and Procedures Review

? How can staff and clients be involved with developing a plan for improving engagement and involvement of survivors in service planning and delivery? Has budget been considered to support this?

Getting Lived Experience on Board

? Is an individual's own definition of emotional safety included in treatment plans?

Cross sector collaboration

One case study service re-launched as a Public Service Partnership between statutory and third sector services. The multi-agency partnership maximised choice for service users, expanding the options available to service users and facilitating the ability of the service to respond to a wide range of need.

Screening, assessment and treatment services

Another case study area described the development of a care pathway that actively encouraged clients to choose from a range of options, selecting the intervention that they believed would best meet their needs. Options included psycho-education courses, and groups focusing on emotion regulation, self concept, or relationships. Interviewees from another case study area described the importance of choice in the context of court orders.

Other services promoted choice by providing "Mind of My Own" facilities on tablet devices, enabling children and young people to express their preferences with regard to food, provide feedback on their feelings prior to LAC reviews, and identify preferred educational and recreational activities. Children and young people then had the option of communicating this information to their key worker, teacher, manager or child protection officer.

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/8/

Key principle 4: Collaboration

The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. Attempts are made to level the power differentials between different staff groups, and between staff and clients. This principle is often implemented through the formal or informal use of peer support and mutual self-help. There is recognition that healing takes place in the context of relationships and in the meaningful sharing of power and decision-making .

Governance and leadership

Interviewees emphasised the importance of laying groundwork with leaders and managers, and of providing them with information on trauma-informed practice and ways in which it would benefit their organisation. Multiple forums for collaboration were identified, including one-to-one meetings, team away-days and 'debrief days', where staff could speak openly and honestly with managers about their hopes and concerns.

> ***"this is what I come with/want to do. Are you worried about that? Do you have questions about that? Are there things about that you are not sure about?" (CJSW)***

The need to target middle managers was highlighted in particular, as collaboration with this level of management was seen to be an essential part of a long-term strategy for embedding trauma-informed practice in the organisation. By training managers to be trauma-informed leaders, it was believed that these managers would become more confident in providing trauma-focused training and supervision to staff, and would model trauma-informed behaviours, such as the appropriate use of self-care.

Toolkit

? How does organisation leadership show and communicate its support for implementing a trauma-informed approach?

? What is the plan for training provision to be provided to management? This should include examples on how to be a trauma-informed leader – including role modelling?

Trauma-informed leadership

Trauma training

Where the impetus for trauma-informed practice was primarily coming from management, it was recognised that groundwork also had to be laid among staff groups across all levels of the organisation, in a way that reduced any power differentials.

> ***"I didn't want to patronise people... what I did (which didn't work) was make some assumptions about what their understandings [about trauma] were. ...and afterwards some of the feedback was they didn't know some of that stuff and actually they would have benefited from it...." (CJSW)***

This was usually done in the context of team meetings or supervision groups, however one case study area described their use of NES trauma training materials in the form of the NES Level 1 trauma animation. This resource was used effectively to facilitate discussion and gain the views of staff on the best way to move the agenda forward. Interviewees commented on how important it was in this context to "nurture relationships as much as possible and work really hard to get people on board".

Policy

Two case study areas described organisational recruitment policies that required trauma-informed practice to be an essential element of job descriptions. Questions relating to trauma-informed practice were also standard in recruitment interviews. Staff in these areas acknowledged that these were policies and procedures that they had not encountered before in their sector.

Toolkit

? How do the organisation's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

? How do senior leadership and governance structures demonstrate support for including survivors with experience of using their service in this process (from start to finish)?

Hiring a Trauma-Informed Workforce

Policy and Procedures review

Physical environment

The premises of some case study services had kitchen areas connected to the reception, where clients were offered or encouraged to prepare their own tea or coffee on arrival. Clients regularly commented that this experience made them feel that they were being treated with respect.

Attempts were made across case study areas to address the power differentials that can inadvertently be created in physical environments that are not trauma-informed. For example, clients and staff had access to the same kitchen and toilet facilities in most services, and service users and staff both used seating that was of equal height and quality.

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/9/

the rivers centre

Appendix 5 - Good starting points for lived experience involvement

Generally the following are good starting points for service user involvement (adapted from Harris & Fallot, 2001):

Clearly identify the strengths expected from achieving this organisational shift and promote this change among staff using this information. Potentially create a survivor involvement policy, outlining the mission and what you want to achieve

- Be proactive in getting buy in/laying the groundwork – get stakeholders on board early, encouraging an open dialogue about their concerns already creates buy in and identifies barriers. Groups could be organised by the allocated trauma representative, with attendance from management as well to highlight the importance being placed on this culture change.

- Create a plan – this needs to include concrete terms that are measurable

  a. Define terms – what is meant by involvement; survivor; representation; advocate

  b. Identify the goal – for example, to gain funding for a lived experience worker; to set up a panel of survivor service users; to gather information to quality assure services and feed it back into development.

  c. Measure and monitor progress – how are you going to monitor the progress of each?

  d. Outline how this is going to be maintained/become sustainable? Survivor leads? How will they be reimbursed to facilitate input?

Review policies – this links to the prior section, but some of the barriers listed above will need to be addressed in policies, particularly those that focus on benefits, contracts, budget and hiring. Adapting leave policies to reflect the sensitivity to the fluctuating needs of survivors in extreme conditions, unanticipated leave may be needed for substance abuse relapse, mental health and wellbeing days, as well as flexible working policies. Although, in a TI organisation, this would be the same for all staff.

Allocating money for survivor involvement – expenses including recruitment, training, travel, interpreters where necessary.

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

the rivers centre

University of Strathclyde Glasgow

CO-PRODUCING CHANGE

A Practical Guide to Service User Involvement in Community Justice

the rivers centre

Key Principle 5: Empowerment

Efforts are made by the organisation to share power and to give clients and staff a strong voice in decision-making, at both individual and organisational levels. Each level of the organisation, including management, operations, service delivery and staff training, is designed to be empowering for both staff and service users. Staff are empowered by mechanisms of organisational support, and clients are empowered by services that are person-centred, and based on belief in the resilience of individuals and their ability to heal and recover from trauma.

Toolkit

? How does organisation leadership communicate its support for implementing a trauma-informed approach?

? What is the plan for training provision in TIP to be provided to senior management? This should include examples on how to be a trauma-informed leader – including role modelling.

Trauma-informed leadership

Using Trauma sensitive language

Trauma training

? How do the organisation's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

Policy and Procedures Review

Governance and Leadership

Two key themes emerged from the interviews: the importance of senior management support; and having trauma-informed leaders who could model trauma-informed behaviour and language, and ensure successful implementation.

Case study services referred to the importance of establishing an implementation group and/or identifying a trauma champion within the organisation. Where there was regular movement within an organisation of staff members from one post to another, interviewees said that they had found it helpful to identify several trauma champions to ensure sustainability of the role.

A common barrier in terms of implementing plans for trauma-informed practice was the trauma champion's lack of seniority within the organisation. One case study service found that it had been useful for their trauma champion to be given a seat at senior management meetings, as they had been able to provide regular updates in the form of a standing item on the agenda. Another case study service confirmed the importance of feeding into a high level strategic management group.

> ***"I needed them to want to become trauma-informed leaders in order to take it forward, which translated into practices which would turn into improved outcomes for service users." (CJSW)***

> ***"I think it's really important that we look at the way that services are designed to enable staff to be trauma-informed. You need time and space around you, your caseload can't be too big. Again, some of the things that we see are caseloads creeping up in all sorts of different services. I suppose it's then buying into all of the principles to embed into their own organisation." (Police)***

> ***"..And we created this role, but we still don't have the best name for it, but it's been called Model Holder…[someone] who understands and has got all the knowledge and skills anyway, that they can help and act as an implementation driver, if you like, and ensures that every bit that we try to operationalise is actually happening." (Residential)***

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/10/

the rivers centre

Call the National Wellbeing Helpline: 0800 111 4191

3 other people are currently visiting this website

National Wellbeing Hub
For people working in Health and Social Care

Covid-19 info | Key dates | Individuals | Managers | Help for you

Safety first – Psychological First Aid

Modelling: do as I do

The pandemic has required us to work in different ways, often for longer hours and under great pressure. We've been urged to pace ourselves, for a "marathon not a sprint", but that's hard to do when we are working in health and social care and see the needs of patients, clients and staff.

Managers influence the tone and culture in the workplace and this is especially important when we talk about staff well-being. There's little point trying to encourage your staff to take care of themselves if you're not looking after yourself. Be aware that if you don't take breaks, and are sending emails at midnight, your staff may feel they need to do the same.

Don't underestimate the power you have to model the importance of rest and recuperation, both within the working day and outside of work.

Remember that we all do different things to relax so encourage people to do what works for them. Make people aware of the support that is available and make it easy for them to use it.

It's OK to be OK; it's OK not to be OK. We're all human and we're all in this together.

Elspeth, Doctor.

"It's only taken a global pandemic to get recognition and coordination of ongoing work around staff well being!"

An accessible version of this information is at https://www.nationalwellbeinghub.scot/resource/leadership/

the rivers centre

Next steps….

- Reading the toolkit
- Speaking to your team about Appendix 1 – go over the questions together in response to your organisation

the rivers centre

Appendices

Appendix 1

How to use the toolkit for Scotland

To assist in guiding implementation, a full list of the sample questions included in this toolkit is provided below. The questions are adapted from SAMHSA's "Concept of Trauma and Guidance for a Trauma-Informed Approach" document (2014), with supplementary items added as a result of the findings from our qualitative fieldwork conducted in Scotland.

Organisations across systems and sectors are encouraged to adapt the sample questions to fit the specific needs of their organisation, staff and service users. Once an organisation has decided on relevant questions and areas of focus, relevant outcome measures should be identified (Appendix 7) and an appropriate evaluation framework should be adopted.

Safety	Trust	Choice	Collaboration	Empowerment

10 Implementation Domains

Governance, management and leadership	• How does organisation leadership show and communicate its support for implementing a trauma-informed approach? • How do the organisation's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports? • How do leadership and governance structures demonstrate support for including survivors with experience of using their service in this process (from start to finish)? • How will a Service Walkthrough be completed, and how will the findings from this be built into the plan to help the service become trauma responsive? • What is the plan for training provision in TIP to be provided to senior management? This should include examples on how to be a trauma-informed leader – including role modelling. • What plan does organisation leadership have to amend the language used in relation to survivors and trauma among staff in their organisation? For example, to reduce power differentials. • What systems are in place to encourage innovation in the workplace in relation to Trauma-Informed practice?

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

rivers the centre

Safety | Trust | Choice | Collaboration | Empowerment

Policy	• How do the organisation's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the organisation's written policies and procedures recognise the pervasiveness of trauma in the lives of people (using the services and working with them), and express a commitment to the reducing retraumatisation, and promoting well-being and recovery? • Has the organisation a specific health and wellbeing plan in place for staff, which recognises the pervasiveness of trauma and helps supervisors and workers support staff who have experienced trauma? If not, why not? • How do the organisation's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed? • How beneficial would it be to have an organisational policy on how screening should be completed and/or how service users should be asked about trauma? • Would creating a specific policy in accessing supervision in your service create more service congruency? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/ people receiving services and peer supports in meaningful and significant roles in organisation planning, governance, policy-making, services and evaluation? • Does the language used in these policies position trauma as a natural reaction to traumatic events? Does it normalise trauma? And behaviours and coping strategies related to trauma?

Safety | Trust | Choice | Collaboration | Empowerment

Engagement and involvement of survivors	• Does your organisation have a survivor involvement policy, outlining your mission and what you want to achieve by involving survivors? Have staff been involved in discussions on how this will work/ barriers to implementation? • How can staff and clients be involved with developing a plan for improving engagement and involvement of survivors in service planning and delivery? Has budget been considered to support this? • How does your organisation specifically take into account the experiences, and needs of Black and Minority Ethnic people? • What can be done to improve trust and transparency in staff, for survivors who do become involved in service planning and delivery? How has their role been collaboratively identified and clearly outlined to avoid any confusion? • What strategies are used to reduce the sense of power differentials among staff and clients? • How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Workforce development and support	• How does the agency help staff deal with the emotional stress that can arise when working with individuals who have had traumatic experiences? • How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • How does the organisation ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? • How does workforce development/staff training address the ways identity, race, ethnicity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? • How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors? • What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? • What workforce development strategies are in place to assist staff in working with peer supports and recognising the value of peer support as integral to the organisation's workforce?

An accessible version of this information is at https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/

Next steps continued….

- Designating a trauma champion or a team of trauma champions
- Working out how to get Lived Experience on Board
- Completing a trauma informed lens workshop exercise (using NES materials or another TI organisational toolkit)
- Familiarising yourself with the NES training packages

the rivers centre

Lothian Staff Support Service

- Health and Social Care across Lothian
- Here 4 U
  - Offer one-off support around coping by contacting Here 4 U (by phone or email)
  - Individual sessions with a psychologist where more intensive input is helpful – access through H4U
  - Supporting teams struggling – access initially through H4U
- Training to staff around trauma informed principles, managing stress, Psychological First Aid.
- Supervision and consultation eg to those offering support to others, or advice to managers supporting staff

the rivers centre

#traumadeepdive

Thank you!!

For more info:

https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/adopting-a-trauma-informed-approach

https://transformingpsychologicaltrauma.scot/

To join our new online community of practice, open to all professionals interested in a trauma-informed approach:

https://khub.net/group/trauma-informed-approaches-in-scotland