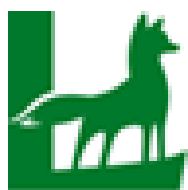


# Trauma informed practice policy guidance for Leicestershire County Council



**Leicestershire  
County Council**



PEOPLE



PROMOTE



PROTECT



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PARTNERSHIP

Delivering good health  
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Public Health in Leicestershire

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## 1. Context

Although many people who experience abuse, neglect, and other traumatic and adverse experiences, in their childhood will progress in life without any long-term negative impacts, many others will experience profound difficulties and traumatic stress reactions that impact on how they interact, function, communicate and manage their day to day lives and a life-changing experience. Traumatic events can happen at any age to any person and may affect an individual's daily life and cause long-lasting harm to the individual's physical and mental health and well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture.

Individuals process traumatic events differently, and those who experience traumatic events may or may not experience any lasting, negative effects. Previous life experiences, social supports, personal coping skills, early relational health, and community reactions can influence how an individual responds to a potentially traumatic event. These experiences can result in people disconnecting from society and from the services set up to help them.

Trauma does not occur in a vacuum—it occurs within the personal, social (and often political) context of the person and their intersecting identities: race, class, ability, gender identity and expression, first language, sexual orientation, religion, immigration status, body size, etc. How people move through the world, how they are treated, the messages they receive about themselves and their history, especially when it includes oppression and marginalisation, matter. Therefore, it is important to highlight the multiplicity of individuals' and communities' lived experiences, and a focus on power is central to this. Trauma can span across generations, the consequences being transmitted through genetics, interpersonal relationships, environments, and social pathways - becoming deeply embedded in a community's collective history and identity. Additionally, it is important to acknowledge that public narratives, structural inequalities, and racism in society work to give rise to and perpetuate trauma, as well as increase its effects on wellbeing, particularly among historically marginalized communities.

At the community level, the impact of trauma is categorised as physical, social-cultural, or economic. Examples of community trauma can be seen in different areas, including the:

- Physical/built environment, through deteriorated public spaces, degraded infrastructure, climate change, and limited availability of healthy food.
- Social-cultural environment, as evidenced by damaged social networks, low sense of collective effectiveness to bring about change, and experience of fear and shame.
- Economic and educational environment, characterised by intergenerational poverty, long-term unemployment, and limited employment opportunities.

TIP requires all personnel of a service including to recognise that a person's history of trauma can affect their:

- Experience, engagement, and receptiveness to the organisation's services and supports
- Functioning in the community
- Interactions with staff and other people including their children and family
- Sensitivity to guidelines and interventions

Organisations need to acknowledge the trauma staff and providers themselves experience, either as part of their own personal lives or secondary to working with users of services who

share first hand details about their trauma. On any given day, employees can show up to work with a lot on their minds. Younger employees may be thinking about how to advance in an organisation so they can meet career goals and achieve financial stability. Mid-career employees might be worrying about elder care or when the mortgage is due. And senior employees may come to work worrying how they'll support themselves in retirement. But for some employees, the challenges they face outside of the workplace may create a toxic overload of stress that influences their work-a-day behaviour. Childhood trauma, domestic abuse, emotional abuse, racism, discrimination, poverty death of a loved one, can affect how they feel about themselves and their environment and interfere with their ability to do their jobs well. Sometimes the workplace can be a trigger, causing employees to disengage. And sometimes the workplace itself is a cause of toxic stress leading to burnout, absenteeism, and staff turnover.

People are resilient and trauma can be resolved with the right support in place. A crucial part of recovery is being listened to and being treated with empathy and respect by others. Every interaction made with someone affected by trauma is an opportunity to support their recovery. Trauma recovery and healing is possible through appropriate and adequate support at the individual, family, and community levels. By implementing trauma-informed practices, Leicestershire County Council aims to create a safe and supportive environment for everyone who accesses their services and the staff we employ. This policy aims to support Leicestershire County Council in promote essential knowledge and positive organizational practices for supporting trauma survivors in the workplace and in the services we provide. Thereby reducing Health inequalities by enabling individuals to recognise long standing trauma, preventing re-traumatisation, and supporting the mental and emotional wellbeing. This policy aims to support the reduction in sick leave and poor work performance ultimately tackling the staff retention within the workplace.

## **2. The Journey to Becoming Trauma Informed**

There are four stages organisations go through on their journey to becoming trauma informed. Tackling the work in phases allows organisations to focus on one thing at a time, while building knowledge and practices along the way. This policy reflects the four stages of organisational development providing a brief overview on what it means to be Trauma Aware, Trauma Sensitive, Trauma Responsive and Trauma Informed. As an organisation it is recognised that departments may differ between where they sit on their journey to becoming trauma informed, this policy aims to provide the right tools to support departments on their journey.

<p><b>Trauma Aware</b></p>	<p><b>Trauma Sensitive</b></p>
<p>Awareness is the first step for any organisation wanting sound employee relationships and better interpersonal skills with users of services or customers. In this phase, an organisation becomes aware of how prevalent trauma is and its impact on workers, clients, and business outcomes. Employee satisfaction surveys are a key tactic for learning how employees respond to their workplace and work relationships.</p>	<p>In the second phase, an organisation begins to understand trauma-informed principles, causes, expressions, and possible ways to overcome trauma-related problems that affect workers, the children and families they may work with and businesses. Supervisors, managers, team leaders, and executives all have varying degrees of responsibility for developing employee relationships; One-on-one discussions, performance reviews, and team meetings are good platforms to communicate with employees.</p>
<p><b>Trauma Responsive</b></p>	<p><b>Trauma Informed</b></p>
<p>In this phase, an organisation begins to implement policy and procedural changes that affect culture and eliminate trauma triggers. Generally, work processes such as recruitment, training, and professional development are infused with the culture — “this is how we do things” These processes are opportunities to embed awareness and trauma-informed practices across the entire organisation. For this to work, however, no single person, group, or personality should be singled out for attention. All employees must understand this effort as an enhancement to organisational culture, norms, and practice.</p>	<p>In the last phase, an organisation begins to implement trauma-informed practices and monitoring the impacts of changes made to policies and practices. The social contract between employers and employees stands on mutual trust. Workplace trauma or trauma triggers must be addressed in order to sustain a trusting workplace. Organisations that fail to understand the importance of trust and the social contract run the risk of high turnover and reduced productivity. It is therefore important that these issues are dealt with at an organisational level.</p>

### 3. Guiding Principles of Trauma Informed Practice:

Trauma informed practice acknowledges the impact of trauma in a person's life and aims to reduce the likelihood of re-traumatisation through practice. Such practice supports a person to work towards empowerment by focusing on the person's strengths and promoting choice.

Trauma Informed Practice aims to avoid re-traumatisation. It does not treat trauma-related difficulties, which is the role of specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

The 6 guiding principles of trauma informed practice is paramount in supporting the development of Trauma informed care across the workforce.

### Safety

Throughout the organisation, employees (and the people they serve) feel physically safe and psychologically safe, by creating an environment that is predictable, secure, and respectful. At a minimum, basic workplace safety standards and protocols are followed. Managers and supervisors are supportive of workers and create an inclusive environment. Users of the service feel calm, comfortable, and welcomed.

### Trustworthiness & Transparency

Organisational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among staff and with users of the service and their family members (if they are served). Leaders communicate openly and regularly with employees about decisions affecting them and the organisation, and employees are never surprised by organisational decisions.

### Choice and Collaboration

The organisation recognises that everyone has a role to play in a trauma-informed approach, no matter their level of seniority or power. This principle manifests itself through teamwork and appreciating each team member's role in accomplishing the overall mission of the organisation. Service users, if applicable, participate in their own support journey with decision making power, choices, and planning. The culture is do "with" rather than "to" or "for" them.

### Empowerment and Voice

Individuals' strengths and experiences are recognised and nurtured. Employees and users of the service have opportunities to use their voice and feel comfortable doing so. Employees are encouraged and have opportunities to speak up and raise issues and challenges, especially if something is harming them and/or their ability to do their work safely and productively. In addition, they have opportunities to identify and implement solutions. Service users, if applicable, participate in their own support journey with decision making power, choices, and planning. The culture is do "with" rather than "to" or "for" them.

### **Cultural, and Gender Sensitivity Historical**

The organisation actively moves past cultural stereotypes and biases based on race, gender, ethnicity, sexual orientation, age, religion, etc. The organisation incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of employees and users of the service and recognises and addresses historical trauma. The workplace is inclusive, does not discriminate, does not tolerate racism or discrimination, and actively works to counter hidden and overt biases.

### **Peer Support**

People with lived experience with trauma feel supported by the organisation and support each other. Workers at all levels treat each other as human beings, who all have experiences at least some toxic stress and/or trauma – and they respect and honour each other's experiences. To address secondary traumatic stress and burnout, workers support one another in providing care. Professionals dealing with trauma need to communicate this to their supervisors. Supervisors' trauma-informed care best practices to help their employees manage their stress. Employees should also have access to support and be encouraged to take their annual leave order to avoid workplace stress.

#### 4. Implementing Trauma Informed Practice

Area	Questions
<b>Governance &amp; Leadership</b>	How as a leadership team will you communicate your support and guidance for implementing a trauma-informed approach?
<b>Policies</b>	How will written policies and procedures recognize the pervasiveness of trauma in the lives of children & families using our services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?
<b>Physical environment</b>	How will the physical environment promote a sense of safety, calming, and de-escalation for children, families and staff?
<b>Engagement &amp; Involvement</b>	How do people with lived experience have the opportunity to provide feedback to the organisation on their experience of their services
<b>Cross sector collaboration</b>	Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?
<b>Wellbeing</b>	How will the organisation address the emotional stress that can arise when working with individuals who have had traumatic experiences? How will it take in today staff trauma histories. How will HR processes take trauma into account?



Area	Question
<b>Assessment &amp; Interventions</b>	Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? How are trauma-specific practices and interventions incorporated into the organization's ongoing operations?
<b>Training &amp; workforce development</b>	How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?
<b>Progress monitoring &amp; QA</b>	Is there a system in place that monitors the agency's progress in being trauma-informed? How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes?
<b>Financing</b>	How does the budget support provision of a safe physical environment and interventions?
<b>Evaluation</b>	What measures or indicators will be used to assess the organizational progress in becoming trauma-informed?

## 5. Implementing Trauma informed practice and the next steps

### Encourage organisational readiness.

- Measure staff and leadership motivation to adopt and implement TIP with fidelity.
- Conduct focus groups and interviews to assess willingness for change and commitment to implement a TIP. – Establish a common understanding of trauma and a TIP. Address any concerns identified during organisational motivation assessment.
- Engage executive leadership and ensure leadership buy-in – Identify champions to foster internal buy-in. Champions can also help establish cross sector collaborations and reduce any staff resistance.
- Evaluate how a TIP is different from current operations. Identify any current operations that align with a TIP and assess how to build upon those. Assess the anticipated and desired impact of change from current operations to a TIP.

### Engage partner organisations and individuals with lived experience.

Identify existing cross sector and cross system collaborations and new, potential collaborations. – Determine the extent to which collaborating organisations are trauma-informed and incorporate awareness of trauma in all aspects of their

operations and service delivery. Use a strengths-based approach and focus on already implemented trauma-informed programs or practices that have the potential to be expanded.

### **Decide on data collection and analysis methods.**

Establish clear data collection methods. Design data collection protocols that identify who will collect assessment data and from whom. Create safety around assessment and ensure that data privacy and anonymity are maintained. Establish secure databases and processes for data management and analysis. Remember that organisational capacity assessment data can be analysed in different ways to reveal insights into areas on which an organisation may need to work. For example, consumers and staff may rate the same area (e.g., physical environment) very differently. Ensure data collection methods are culturally responsive.

### **Conducting a Self-Assessment**

In order to understand where a service might be in relation to trauma informed practice they may find it helpful to conduct a self-assessment to evaluate the presence and/or the effectiveness of current trauma-informed practices across the service at all levels. This assessment allows a service to see how it functions within the context of trauma-informed principles and provides feedback to inform the development or revision of the implementation plan for TIP. In essence, this assessment process can serve as a blueprint for change and as a benchmark of compliance with and progress in implementing trauma-informed practices across time. Overall, it is a process of identifying service strengths, weaknesses, opportunities, and threats related to the implementation and maintenance of TIP.

The self-assessment should obtain feedback from key stakeholders, particularly consumers, family members, referral sources, community organisations, and all levels of the organisation's staff, including frontline practitioners, front facing staff, supervisors, and administrative personnel. A self-assessment is only as effective as the steps taken after data are gathered and analysed. From this assessment, an implementation plan can be established that highlights the goals, objectives, steps, timeframe, and personnel responsible in overseeing the specific objective. Assessment shouldn't be a once-and-done project. Timely and regularly scheduled organisational assessments should follow to assist in quality improvement.

The Violence Reduction Network have produced a self-assessment tool that services could use to understand where they currently are in relation to trauma informed practice and use the findings to develop an action plan. To access the self-assessment tool please click on the link below.

[TIP Organisational SA & Consultancy | LeicsVRN \(violencereductionnetwork.co.uk\)](https://violencereductionnetwork.co.uk/TIP-Organisational-SA-Consultancy-LeicsVRN)

## **6. Advice to Administrators: Ten Steps to Quality Improvement**

1. Identify new goals or problems.

2. Gather input from each level of the organisation, including consumers and other key stakeholders.
3. Analyse the feedback.
4. Explore improvement options and the potential barriers associated with each.
5. Select the overall approach and specific strategies to address barriers (anticipate barriers and try to address them before they occur).
6. Develop an implementation plan, and then present the plan to staff members and other key stakeholders not directly involved in the quality improvement process.
7. Implement the plan.
8. Reassess the new plan.
9. Evaluate the results and determine if new goals or additional problems or issues need to be addressed.
10. Repeat the first nine steps.

### **Develop an Implementation Plan**

Implementation plans should evolve from consumer participation, workforce participation, key partner agencies demographic profiles of populations served, data from the self-assessment, and research on promising and evidence-based trauma-informed practices.

### **TIP: Consider These Questions When Creating an Action Plan**

- What do you want to change (goals)
- Why did you choose these goals?
- What steps will you need to take to meet these goals?
- Who will be responsible?
- When do you want to accomplish these goals?
- How will you know that you have accomplished your goals?

### **Implementation Plan Content**

1. **Introduction and overview:** This includes the organisation's history, the demographics that characterise its client base, the rationale for the implementation plan, and the incorporation of TIP. Focus on identification of strengths, weaknesses, opportunities, and threats. Provide an overview of goals and objectives.

**Specific goals and objectives:** Goals and objectives should address:

- Workforce development strategies for recruiting, hiring, retaining, training, supervising, and promoting wellness of clinical and nonclinical staff members to support TIP.
- Consumer participation, multiagency working and peer support development and implementation strategies.
- Policies, procedures, and practices to support TIP and culturally responsive services, to promote safety, and to prevent traumatisation.
- Specific evidence-based or best practice adoptions to support TIP.
- Strategies to amend facility design or environment (plant) operations to reinforce safety.
- Planning to ensure sustainability of the steps initiated in the organisation.

**Guidelines for implementation:** Guidelines should highlight the specific steps, roles, responsibilities, and timeframes for each activity to meet TIP objectives.

### **Develop Policies and Procedures to Ensure Trauma-Informed Practices and To Prevent Re-traumatisation**

In the early stage of evaluating current services and planning for TIP, the group needs to assess practices, procedures, and policies that may have been or could be retraumatising to any individual, at any level of the organisation, from consumers to administrators. Interventions that are not trauma informed are as likely to be unaware of the impact of trauma on staff as they are to be unaware of its influence on consumers. In the initial review, careful scrutiny should be used to eliminate any practice that is potentially harmful, interventions that are shaming, treatment planning without collaboration.

### **Progress Monitoring and Quality Assurance**

Evaluation is a key component of a successful TIP implementation and often takes place at multiple points in time. Before implementing a TIP, an organisation should conduct a baseline evaluation to determine implementation priorities or readiness for a trauma-informed initiative. During implementation, ongoing evaluation can help determine whether the program is having an impact and how it is affecting the quality of services. The evaluation includes collecting feedback from providers, leadership, and staff, as well as those receiving services. In the long term, an organisation should evaluate whether change efforts are sustained and if further refinements are needed. Consider examining the following target outcomes when developing an evaluation:

- To what extent is the organisation or system trauma-informed?
- Does being trauma-informed improve the quality of the organisation's services?
- Does the quality of the services improve clients' abilities to meet their service goals?
- To what extent has the larger community engaged in collaborative TIP implementation?

Consider questions to help plan a TIP evaluation:

- What is the purpose of the evaluation?
- How will data be collected, managed, and analysed?
- From whom will the information be collected?
- On what target outcomes will you focus and how will you report them?

Implementing a trauma-informed approach is an ongoing change process that involves a shift in knowledge, perspectives, attitudes, and skills throughout an organisation. Achieving this type of systems change requires continuous quality improvement. The following strategies can help organisations put structures in place to track progress:

Prior to starting implementation, identify action steps and corresponding performance indicators for each goal. Results from the organisational assessment can guide an organisation in identifying these goals and potential measures.

Create a specific workgroup tasked with monitoring progress and continuously reassessing goals. Consider a variety of indicators to track progress and monitor impact, such as staff and client satisfaction, staff engagement, and health outcome metrics. Remember that some parameters of progress, such as increased sense of wellness or building of stronger rapport with users of the service, are important but may not be easy to measure and monitor.

## **7. Knowledge and Skills Framework for Trauma Informed Practice.**

Bristol, North Somerset & South Gloucestershire Council have developed a Trauma-Informed System Knowledge and Skills Framework that managers may find helpful to refer to when understanding the workforce skills requirement. This lays out the essential knowledge and skills needed by all tiers of the workforce. The framework describes the knowledge and skills required by individual workers and their organisations to become trauma informed, to recognise the potential long-term impacts of traumatic experiences on themselves, on the individuals, families and communities with whom they work and to respond in compassionate and timely ways that help to support recovery and prevent further harm.

The framework also aims to support managers and supervisors to recognise the educational, emotional and practical support required for their workforce to become adversity and trauma informed as the workforce itself is not exempt from the impact of adversity and trauma.

This framework discusses the workforce in terms of four key categories, with these categories being intentionally broad to enable organisations and professionals to tailor this framework to their own specific needs. This framework describes the workforce in four keyways.

**Adversity and trauma-informed support staff:** All workers who come into contact with individuals who may be affected by early adversity and trauma, but who do not work with them directly e.g., receptionists, cleaners, administrative staff, HR staff.

**Adversity and trauma-informed practitioners:** All workers, including volunteers and foster carers, who work directly with individuals (children and adults) who may be affected by early adversity and trauma. The individual's experience of trauma may or may not be known about.

**Adversity and trauma-informed managers and supervisors:** Those individuals who directly manage and/ or support adversity and trauma informed practitioners and who are responsible for putting policy into practice.

**Adversity and trauma-informed strategic leads:** Those who are strategic leads/policy makers/commissioners and/or have a remit or responsibility for policy, service design and delivery. These individuals will develop and sustain organisational culture and systemic support that enables the delivery of adversity and trauma-informed services.

Some workers will have multiple roles and levels of responsibility; the categories are intentionally broad to enable organisations and professional groups to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their organisations, roles and settings.

**Adversity and Trauma-Informed Support Staff are:** Those people who may come into contact with people who have experienced adversity and trauma, but do not work with them directly. They have a basic understanding of adversity and trauma, their potential impacts throughout the life course and mitigating factors and strategies. They know how to communicate and respond effectively, and when to seek advice and support.

Knowledge	Skills and behaviours
<ul style="list-style-type: none"> <li>• Adversity and trauma can affect people in different ways.</li> <li>• Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response.</li> <li>• Adversity and trauma can affect people's mental health and wellbeing, physical health, capacity for learning and life chances.</li> <li>• The consequences of adversity and trauma can affect people's ability to successfully access the care, support and treatment they</li> </ul>	<ul style="list-style-type: none"> <li>• Can identify what adversity and trauma are, how someone who has experienced adversity and trauma might present and the kind of situations that might trigger memories or associated feelings.</li> <li>• Actively listen when a person speaks about his or her experiences of adversity and trauma.</li> <li>• Respond to the person with empathy and without criticism or blame.</li> </ul>

<p>require in a range of settings (for example physical health, mental health, education, justice, employment, housing). A person's young age when first experiencing adversity, the person(s) responsible for the experience and its duration are among the reasons for people's different responses to adversity and trauma as well as other contextual factors such as poverty, racism, gender identity, sexual orientation and cultural norms, and how those factors intersect with one another. Resilience and linked protective factors are key to determining how adversity and trauma affect people.</p> <ul style="list-style-type: none"> <li>• People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal vs external factors. Some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences</li> <li>• It is important to be able to recognise when someone is affected by adversity or trauma so that help can be given, if and where needed</li> <li>• Adversity and trauma are common – it is therefore important for all workers to be adversity and trauma-informed and to understand that adversity and trauma are everyone's business.</li> <li>• Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities.</li> <li>• Understand the importance of the staff member themselves being</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to the person by asking what help (if any) he or she would like or needs.</li> <li>• Hold in mind that a person's behaviour or reactions might be adversity or trauma related. Observe possible signs and symptoms of adversity and trauma. To make sense of a person's current difficulties by considering "What happened to you?" instead of "What's wrong with you?" and goes on to ask, 'How has this affected you?' and 'Who is there to support you?'</li> <li>• Support and enable people affected by adversity and trauma to access services, support and interventions to improve recovery and build resilience, where needed.</li> <li>• Know own limits and when to seek advice and support.</li> <li>• Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma.</li> </ul>
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<p>supported to practice good self-care and have access to formal and informal support/supervision to help them manage the impact of secondary trauma exposure in the workplace.</p> <ul style="list-style-type: none"> <li>• Understand the power of language in creating an adversity and trauma informed culture/setting/service</li> </ul>	
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**Adversity and Trauma-Informed Practitioners are:** Those individuals who work directly with people who have experienced adversity and trauma. They have a detailed understanding of adversity and trauma, their potential impacts throughout the life course and mitigating factors and strategies. They have universal knowledge, know how to communicate and respond effectively, establish trusted relationships, build resilience, reflect on their own personal and professional experience and how it may influence their work, use a range of positive and creative strategies and know when to seek advice and support. Some senior practitioners may also have a strategic role within their organisations; these people should also read on to the knowledge & skills recommended for Adversity and Trauma-Informed Strategic Leads.

Knowledge	Skills and behaviours
<ul style="list-style-type: none"> <li>• Adversity and trauma can affect people in different ways.</li> <li>• Some people manage to do well despite experiencing adversity and trauma, and do not wish for or need any further response.</li> <li>• Adversity and trauma can affect people's mental health and wellbeing, physical health, capacity for learning and life chances.</li> <li>• The consequences of adversity and trauma can affect people's ability to successfully access the care, support and treatment they require in a range of settings (for example physical health, mental health, education, justice, employment, housing).</li> <li>• A person's young age when first experiencing adversity, the person (s) responsible for the experience and its duration are among the reasons for people's different responses to adversity and trauma as well as other</li> </ul>	<ul style="list-style-type: none"> <li>• Can identify what adversity and trauma are, how someone who has experienced adversity and trauma might present and the kind of situations that might trigger memories or associated feelings.</li> <li>• Actively listen when a person speaks about his or her experiences of adversity and trauma.</li> <li>• Respond to the person with empathy and without criticism or blame.</li> <li>• Respond to the person by asking what help (if any) he or she would like or needs.</li> <li>• Hold in mind that a person's behaviour or reactions might be adversity or trauma related. Observe possible signs and symptoms of adversity and trauma. To make sense of a person's current difficulties by considering "What happened to you?" instead of "What's wrong</li> </ul>



<p>contextual factors such as poverty, racism, gender identity, sexual orientation and cultural norms, and how those factors intersect with one another. Resilience and linked protective factors are key to determining how adversity and trauma affect people.</p> <ul style="list-style-type: none"> <li>• People use different ways to survive, adapt to, and cope with negative traumatic experiences and their impacts. These depend on internal vs external factors. Some of these can seem confusing or self-defeating unless viewed as adaptive coping responses to overwhelming threat and its consequences.</li> <li>• It is important to be able to recognise when someone is affected by adversity or trauma so that help can be given, if and where needed</li> <li>• Adversity and trauma are common – it is therefore important for all workers to be adversity and trauma-informed and to understand that adversity and trauma are everyone’s business.</li> <li>• Give a clear statement about confidentiality. Understand where and how information relating to a given disclosure should be recorded and that information may need to be shared with others where disclosure indicates the risk to the individual and/or others is ongoing.</li> <li>• Understand that good social support and relationships are key to building resilience in individuals (workers and service users) and communities.</li> <li>• Understand the importance of the practitioner themselves being supported to practice good self-care and have access to formal</li> </ul>	<p>with you?” and, if appropriate, goes on to ask, ‘How has this affected you?’ and ‘Who is there to support you?’</p> <ul style="list-style-type: none"> <li>• Use strengths-based approaches to building interpersonal relationships and resilience. Recognise that another person’s perceptions of strengths (e.g., what makes a good life) may differ from your own.</li> <li>• Explain the fight/flight/freeze stress responses so that people affected by adversity and trauma are able to make sense of their reactions.</li> <li>• Support and enable people affected by adversity and trauma to access services, support and interventions to improve recovery and build resilience, where needed.</li> <li>• Know own limits and when to seek advice and support.</li> <li>• Respect the decisions made by the person but follow organisational safeguarding procedures if needed. Share and communicate information in line with national and local legislation and guidance with respect to adult and child support and protection. Identify collaboratively where current coping strategies are likely to be problematic in the longer term and discuss with the person possible alternatives to current coping and/ or support and/or therapy services, where appropriate to role. Provide information on relevant local services that offer advice or support skills and training, where appropriate to role.</li> <li>• Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma.</li> </ul>
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<p>and informal support/supervision to help them manage the impact of secondary trauma exposure in the workplace.</p> <ul style="list-style-type: none"> <li>• Understand the importance of reflective practice, and recognition of the impact of their own personal and professional experiences on themselves and on their work.</li> <li>• Have a good working knowledge of local and national services or know where to find that information.</li> <li>• Understand the power of language in creating an adversity and trauma informed culture/setting/service.</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect on and demonstrate own role in preventing, mitigating the impact of adversity and trauma and contribute to continuous improvement in relation to own practice.</li> <li>• Use adversity and trauma informed language and challenge language used by others when appropriate.</li> </ul>
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**Adversity and Trauma-Informed Managers and Supervisors:** Those who directly manage and/or supervise staff who are people-facing and who are responsible for implementing policy into practice

<b>Knowledge</b>	<b>Skills and behaviours</b>
<ul style="list-style-type: none"> <li>• Knowledge of approaches to empower, build strengths, skills, resources, protective factors and resilience within individuals (workers and service users), communities and organisations. Understand the importance of developing workplace systems, structures and policies to mitigate against the effect of adversity and trauma.</li> <li>• Understand the ways in which adversity and trauma can impact on brain development and neurobiological functioning and the implications of this for stress reactions, relationships and recovery in both the workforce and service users.</li> <li>• Understand that adversity and trauma can affect the way an individual (worker or service user) relates to others, thinks, acts and manages stress.</li> <li>• Understand the ethical duty on all workers to respond to individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Translate an understanding of the prevalence and impact of adversity and trauma into adversity and trauma-informed service systems and procedures and ensure effective support for staff.</li> <li>• Provide access and encourage a culture of reflective practice and formal/informal support/supervision in the workplace.</li> <li>• Recognise the importance of workers feeling safe to speak openly in supervision about the interaction between the personal and the professional and the value of supervision structures that separate professional from personal supervision.</li> <li>• Understand the meaning and signs of compassion fatigue and secondary trauma and respond sensitively and empathically to staff who may be experiencing it.</li> </ul>

<p>in a way which does no further harm and contributes to safeguarding those at risk</p> <ul style="list-style-type: none"> <li>• Understand the potential for adversity and trauma to impact on a person's interpersonal, emotional and cognitive functioning and to have implications for relationship stability, social functioning, educational attainment, parenting and employment.</li> <li>• Understand that people with learning disabilities (and other minority groups) are at potentially increased risk of exposure to adversity, trauma and abuse and may have greater difficulty in recognising and disclosing these.</li> <li>• Understand the power of language in creating an adversity and trauma informed culture/setting/service and that many people whose first language is not English will therefore require language support, for example use of an interpreter. This should be an independent interpreter, rather than a family member or friend.</li> <li>• Understand that a worker's own experience of adversity and trauma can have implications for his or her capacity to respond to the needs of those affected by adversity and trauma in a work context.</li> <li>• Build knowledge and practice around employee safeguarding and protection, particularly in these situations where work may impact on a worker's own adversity or trauma.</li> <li>• The ethical and professional obligation to ensure that workers are appropriately trained and are working within the limits of professional competences Understand the importance of being supported to practice good</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate self-awareness and an ability to recognise where their own reactions to adversity and trauma may affect their responses to workers and people accessing services and seek advice and support to address this. Establish and maintain appropriate professional boundaries, seeking advice within supervision where necessary. Include awareness of the potential impact of exposure to adversity and trauma (historical and present) in the organisation's</li> <li>• Health and Safety protocols are in place. Develop Wellbeing plans to consider the impact of adversity and trauma on the staff's current behaviour and help identify when they may be struggling.</li> <li>• Recognise and, where possible, address service systems and procedures that are likely to compound distress experienced by those affected by adversity and trauma.</li> <li>• Contribute to the development of adversity and trauma-informed multi-agency policies and systems designed to reduce the likelihood of systemic re-traumatisation.</li> <li>• Recognise the value of workers' and service users' experiences and views in developing a safe adversity and trauma informed physical environment</li> <li>• Use adversity and trauma informed language and challenge language used by others when appropriate.</li> <li>• Model the message of compassion and kindness in their behaviour.</li> </ul>
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<p>self-care and have access to formal and informal support/supervision to help manage the impact of secondary trauma exposure in the workplace.</p> <ul style="list-style-type: none"> <li>• Understand the importance and role of reflective practice.</li> <li>• Understand the importance of the use of language in creating an adversity and trauma informed culture/setting/service.</li> </ul>	
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**Adversity and Trauma-Informed Strategic Leads:** for those who are strategic leads/policy makers/commissioners and/or have a remit or responsibility for policy, commissioning, service design and delivery. They will develop and sustain organisational culture and system-wide support that enables the delivery of adversity and trauma-informed services.

<b>Knowledge</b>	<b>Skills and behaviours</b>
<ul style="list-style-type: none"> <li>• Ensure that the Trauma-Informed Principles shared values of adversity and trauma-awareness are embodied in service design and delivery wherever possible, recognising that being aware of adversity and trauma is everybody's business</li> <li>• Recognise the potential life-long effect of adversity and trauma on an individual</li> <li>• Understand what it means to be adversity and trauma informed as a worker, a manager, a leader, a team, an organisation and a wider system.</li> <li>• Recognise the co-ordinated response needed to mitigate the effects of adversity and trauma.</li> <li>• Understand how to have an adversity and trauma informed approach underpinning the organisation's strategic direction, service design, monitoring and evaluation.</li> <li>• Understand support needs of the workforce and take steps to address them directly.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate open and collaborative leadership Model and adopt an adversity and trauma-informed approach to setting the organisational culture that values safety, trustworthiness, choice, collaboration &amp; empowerment and Inclusivity.</li> <li>• Apply an adversity and trauma informed approach to developing and implementing policies and processes and in designing, developing, monitoring and evaluating services.</li> <li>• Develop and implement adversity and trauma-informed policies and processes that lead and support staff in taking an adversity and trauma-informed approach.</li> <li>• Demonstrate an ability to plan an adversity and trauma-informed strategic direction for the service/team/organisation.</li> <li>• Prioritise an adversity and trauma-informed approach, recognising the needs of people, including workers and service users, who may have been affected by adversity and trauma.</li> </ul>

	<ul style="list-style-type: none"> <li>• Demonstrate a commitment to effective monitoring and evaluation, ensuring evidence generating practice and quality assurance of the adversity and trauma informed approach.</li> <li>• Provides adequate training, resources and appropriate support for staff, including access to coaching or supervision and protected reflective practice time.</li> <li>• Embed trauma-informed practice into the recruitment and induction of new staff and HR processes.</li> <li>• Ensure the engagement and participation of lived experience representatives to ensure reciprocal learning.</li> <li>• Use adversity and trauma informed language and challenge language used by others when appropriate.</li> <li>• Demonstrate self-awareness and an ability to recognise where their own reactions to adversity and trauma may affect their responses to workers and people accessing services and seek advice and support to address this.</li> <li>• Recognise own trauma, prioritise self-care and organisational support structures (both formal and informal) to mitigate the possible effects of secondary trauma</li> </ul>
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Organisational support for new practice Organisational support and managerial buy-in is central if workers are to be able to translate the training they receive into practice. Essential enabling factors include ensuring that dedicated time and support is available for staff to implement and embed new practices and that data collection systems are in place to support new practices and to monitor and evaluate outcomes.

## **8. Assessing training needs:**

Training can help prevent secondary traumatic stress in staff by providing training that helps staff understand and recognize secondary traumatic stress. – Offer

opportunities for staff to explore their own experiences with trauma, especially the ways in which trauma impacts their work.

Different workers within the same organisation will have different roles meaning that different workers may need to be trained at different practice levels. Some knowledge and skills may be relevant to some but not all workers – for example those who work directly with children, their families and adults are likely to need to develop additional skills.

Managers need to consider what knowledge and skills do their individual members need to develop given their existing knowledge and skills, their current job role and the remit of the service. This should be considered as part of supervision and annual performance reviews.

Workers and managers would need to specify trauma training areas which would meet the worker's training needs and to source relevant high-quality training. Managers also need to take into account how ready and able the service is to support the worker to put the training they attend into practice. Supervisors and managers can help staff build on families' strengths—and their own. They can help staff prepare for their emotional reactions to families who have experienced trauma. Leaders and supervisors can work with staff to reflect on their practice. They can encourage staff to ask for help, focus on what they can do, and let go of what they can't.

## **9. Interview Process**

Create interview questions that focus on skills, qualifications, and experiences rather than personal history. Avoid asking probing or triggering questions related to trauma. Ensure interviewers are trained to respond empathetically if a candidate discloses any sensitive information. Consider;

- How is the candidate sitting in position to the interviewees?
- Do they have water available?
- Can they bring in notes with them?
- Have they had clear information about the length of the interview, the amount of questions to be asked, encouraged to take their time and ask clarifying questions, when they will hear about the outcome?
- Are people told that the interviewees understand that interviews can be anxiety provoking and you want to get the best out of them, is the opening question one that puts people at ease?
- Are there questions about the candidate's understanding about the potential impact of the work and the importance of self-care and emotional wellbeing?
- Where relevant is there questions related to working with others who have lived experience of trauma?
- Are people provided with the opportunity to ask questions, are there anything that they were hoping to talk about that they have not had the opportunity to do so?

- Have you communicated when the candidate when they will hear from you and that they know their way out?

### **Post interview**

- Are the candidates informed about the outcome of the interview in a timely manner?
- Have they had the opportunity to receive balanced feedback?
- Have they had the opportunity to feed back their experience of the interview?
- Have they been communicated with regularly between the time of being offered the job and the start of the job to ensure that all of the processes have been done in a timely manner?
- Do they know key information like start date and time, office base, and key calendar dates?

### **10. Pre-Employment:**

The 6 Key Principles guide the development and review of pre-employment policies and activities. Considerations include, but are not limited to, the following:

- Do job descriptions include a clear and accurate description of the qualities, knowledge and skills for a trauma informed organisation?
- Where applicable are there sections around trauma informed elements/nature of the work?
- Does the recruitment material clearly describe the job duties and application process in a way that promotes the Principles?
- How are time frames for interviews and selection communicated to applicants?
- How are changes in the process, if there are any, communicated to applicants?
- Is the applicant provided with clear directions and instructions of how to get to the interview including location, parking and contact person?
- How are salaries and benefits established and negotiated from a lens of collaboration and choice?
- Is there an opportunity if the person wishes to communicate to someone if they need addition support around the interview?
- Is there the opportunity before the interview to talk to someone about the role if there is a wish to?
- Is there an opportunity for applicants to address emotional and physical safety concerns regarding the job and its environment?
- How are applicants who are not selected for employment informed?
- During the interview process, are applicants provided a safe environment and a safe process for interviewing?
- How is the process and purpose around pre-employment testing and background checks communicated?
- Is it clear what arrangements are in place for candidates with specific needs?

## **11. Onboarding and induction**

Considerations include, but are not limited to, the following:

- Once they start how have they been welcomed and introduced, has the manager made the time and space to meet with them on their first day?
- Have they had a tour of the building and orientated to the local area?
- How are initial expectations clearly communicated between employee and supervisor?
- Have you checked what they want to be called and how you pronounce their name?
- Does your onboarding/induction process include the personal and agency-wide safety measures?
- What supportive measures are in place in the event there is a personal or workplace traumatic event during the employee's induction?
- Does onboarding/induction information include resources for staff self-care, wellbeing services work life balance and staff support groups?
- How and when do new employees receive information about their performance?
- How does current staff meet, greet, and support the new employee?
- What opportunities are available for new employees to offer observations or suggestions?
- How can the department promote collaboration and inclusion of new employees?
- Is a clear and specific outline of induction plan that is shared with the employee at the beginning?
- Are there multiple ways that are easily accessible for the new employees to learn about their (written and unwritten) job, policies, benefits, and practices.
- How are trauma informed practice principles and goals of the organisation explained and shared with the employee?
- Have you sent a welcome and introduction email to the team/organisation?

Do they have access to regular supervision and check-ins to see how they are doing and finding the role and the organisation

## **12. Ongoing Employment:**

Considerations include, but are not limited to, the following:

- What process is in place to build and support a diverse and inclusive work environment?
- How does staff have voice and choice in performing their work?
- How are the Principles incorporated into the performance management system for issues such as motivation and areas for development?
- How are the Principles incorporated into the internal complaints process?
- How do employees provide feedback to the organization?



- How are employees informed of career opportunities?
- How do you show appreciation and recognition of staff?
- What are the structures in place to assess and minimize vicarious trauma and compassion fatigue in the workplace?
- How is safety and health risk assessed?
- How do you support and encourage self-care?
- How do you meet the diverse needs of the employees and their families?
- What choices are available for employees in the benefits offered?
- How are decisions made in the organisation and how are employees involved?
- How is information communicated to employees and how does an employee communicate to others in the organization?
- How is change processed through the organization how are employees involved?
- How is the employee engaged in establishing goals and objectives for their position, department, and organization?
- How are the Principles incorporated into the employee learning and development processes?
- How are the Principles incorporated into the policy development and review process?
- How are employee needs assessed and addressed when a personal or work related traumatic event occurs?
- How are the Principles incorporated into determining things such as employee schedules, rewards, and training needs?
- How will you measure and celebrate success? What is the process for continually reviewing the Principles?
- How does our understanding of the direct and indirect consequences of trauma impact how we support our staff?
- Do we consider how our services and practices can be traumatising for staff?
- Do we always reflect on issues of power, privilege, inequality, discriminations?
- How are we inclusive in our leadership? When making important decisions do we routinely think about who's voices we have not heard?
- Do we reflect on where we can do harm through our language, actions, process and policy?
- What are the opportunities for growth and advancement that consider employees' individual needs and experiences? Do we retention strategies such as mentorship programs, employee resource groups, and Measurement and Improvement.

Offboarding:

The Principles guide the development and review of policies for off-boarding. Considerations include, but are not limited to, the following:

- What is the procedure to address safe and empowering off-boarding?
- What is the communication plan for sharing information with the rest of the organization?

- Does it present information in a neutral way?
- What is the communication plan to provide needed information in regards to the transition of job responsibilities to others?
- What is the organization's process for knowledge transfer?
- What supports are offered to the exiting and remaining employees to address the change, such as wellbeing services, resources for self-care.
- If a layoff of employees occurs, what is the procedure to support remaining employees, such as addressing the loss of colleagues, shifts in job responsibilities and load, goals of organization to maintain the current staff, or remaining employees' concerns over their own job security?
- What is the procedure to share off-boarding information with the exiting employee such as, benefits, references, access to the organization and re-employment?
- What is the process for a safe and confidential exit interview?
- What procedures are in place to commemorate or show gratitude to the exiting employee?
- What is the organization's policy/procedure on providing references/information for former employees?
- How is the transition of service managed

### **13. Trauma Informed Supervision:**

There are 6 areas of trauma informed supervision that a supervisor should embrace

- **Communication and safety**
  - A supervisor will create safe space for staff to voice ideas and concerns
  - There should be regular meetings times set, current policy stipulates a minimum of 10 supervisions a year, this allows staff to come prepared
  - Staff concerns will be addressed privately with a solution focused approach
  - Support put in place around change and policy or process implementation
  - A supervisor should use supportive language
- **Flexibility and collaboration**
  - Supporting staff with decisions on complex young people and family cases
  - Allowing time for ad hoc and planned additional debriefing after major incidents or complex cases
  - Listening to staff and support staff ideas and development, tailored to individual staff needs and aspirations.
  - A supervisor will appropriately advocate for their team and staff members.
- **Partnership and trust**
  - There should be transparency with staff within the supervisory relationship – ie openness about why supervisions maybe moved
  - Maintaining of appropriate professional boundaries within the supervisory relationship.
  - Encouragement of staff to ask questions
  - There should be clarity around responsibilities, time frames and actions

- **Empathy and empowerment**

- Celebrate staff achievements through proud of moment in supervision
- A supervisor should endeavour to model self-care
- Understanding and valuing that staff have other roles to fulfil outside work supporting with the job remit through policies such as the flexi working policy.

- **Support**

- Regular check ins on staff general wellbeing
- Offering feedback on performance
- Explore situations that may have had challenging outcomes as learning opportunities
- Support the development of peer support and mentoring
- Offering regular opportunities to debrief when needed

- **Self care**

- Use and respect pronouns
- Avoid making assumptions about staff and support staff with to avoid assumptions about families and individuals.
- Discuss historical trauma and recognise triggers in the workplace
- Discuss protected characteristics and support within the workplace

Support to the wellbeing service if appropriate

## **Secondary trauma**

### **What does it look like?**

You might find you.

- Have difficulty managing your emotions and making good decisions, experience problems in relationships, especially managing boundaries between yourself and others.
- Taking on too much responsibility/ trying to step in and control other's lives
- Have difficulty leaving work at the end of the day
- Feeling less safe
- Becoming less trusting
- Reduced self-esteem
- An inability to form intimate relationships
- Becoming withdrawn and less engaged with the wider world
- Feeling a sense of loss of control over life.

### **Physical problems**

- Aches & pains, headaches, illnesses, sleeplessness
- Accidents, carelessness and risk-taking (not necessarily always conscious)
- You might find yourself either 'speeding up' or 'grinding to a halt'

- Difficulty feeling connected to what's going on around and within you
- Loss of meaning and hope, disillusionment, and despair
- Depressive feelings – loss of interest in things, including loss of appetite
- Feelings of guilt and shame, often to do with injustice and Western privilege

### **What can help?**

Developing a solid, holistic self-care regiment and carving out a daily or weekly schedule in which to complete that routine. Habits, behaviours, and techniques have proven useful in preventing or assuaging compassion fatigue and burnout, including:

- engaging in regular exercise
- maintaining a nutritious diet
- getting increased rest and sleep
- taking time off from work — and refraining from checking work calls or messages during these periods
- undergoing therapy with a mental health professional
- joining a support group
- setting emotional boundaries
- practicing mindfulness and/or meditation
- doing yoga
- spending time with loved ones
- relaxing outside in nature
- engaging in interests or hobbies outside of work

Some workers find it helpful to develop their own safety/wellbeing plan as a way of encouraging them to take our own psychological and physical health seriously by:

- Looking at physical, psychological, social, and spiritual strategies and strategies that are meant for one's personal life and in the workplace
- Using the strategies for caring for ourselves that are already in use

Developing those strategies further