Mapping Trauma Informed Practice

Implementing trauma informed practice for practitioners working with children and young people

Introduction

A trauma informed approach recognises the widespread impact of psychological trauma, understanding what is needed to facilitate resilience and recovery. More importantly, a trauma informed approach is not about asking 'what's wrong with someone?', nor is it simply about understanding 'what's happened to them?', it is more than this; it asks 'what's right' with them instead.

This guidance is designed to support organisations in developing trauma informed approaches to service delivery by encouraging them to map their current processes, policies and practice against the six principles of trauma informed care:

1. Safety
2. Choice and control
3. Supporting coping
4. Facilitating connections
5. Responding to identity and context
6. Building strengths

Using this guide

A series of questions and prompts are included for each of the six principles to guide both individuals and organisations in mapping current practice in these areas.

Used in conjunction with the three levels (bronze, silver and gold) in the **'Gift of Reconnection' series**, these responses can be used to create an 'action plan' for development and change. Most significantly though, it can help practitioners and services to identify areas of good practice and recognise 'what's right' with them.

Where possible, we encourage you to work with colleagues to answer the questions, we hope that each of the questions or prompts will generate discussion, reflection and most importantly, inspire new ideas and ways of working. Please do not worry if you cannot answer all of the questions, they are intended to get you thinking about how you do work and how you might be able to work, rather than an activity you are being assessed on.

Every organisation is different and has different functions, objectives, resources and constraints, a trauma informed approach is about recognising and working within these limitations.

Remember that the smallest change can make the biggest impact.

Contents

Principles for working with Children and Young People

Principle 1:

Safety – ensuring physical and emotional safety

'Safety' refers to the concept of 'emotional safety', accomplished through establishing relationships with children and young people which promote honesty, transparency, consistency and kindness.

Key questions

– To what extent do the activities and interventions of the setting ensure the physical and emotional safety of children and young people?

– How can service delivery be modified to ensure this safety more effectively and consistently?

– Are reception and waiting areas comfortable and inviting? How so?

– Are interview/consultation rooms comfortable and inviting? How so?

– Are doors locked or open? Are there easily accessible exits?

– Are toilets easily accessible?

– Is there adequate personal space for children and young people?

Consider the following for physical safety:

Logistics:

– Where and when are activities and interventions delivered?

– Who is present? (i.e. reception staff, security personnel)

– What impact do these staff have?

– Is the building easy to navigate? (i.e. clearly signposted)

Processes:

– How is risk assessed, managed and addressed across all activities and interventions?

– Has the setting learnt and implemented lessons from previous incidents involving risk? If so, explain how this has been done?

Consider the following for emotional safety:

Interventions:

– Are first contacts with children and young people welcoming, respectful and engaging? How so?

– Do children and young people receive clear explanations and information about service delivery and each activity/intervention?

– Is the rationale made clear for these activities/interventions?

– How are specific goals and objectives made clear?

– Does each contact conclude with information about what comes next? How is this conveyed? (i.e. written, verbal?)

Trauma sensitivity:

– How are staff attentive to the signs of the child/young person's discomfort/unease?

– Do staff understand these signs in a trauma informed way? (In other words, have they attended training and demonstrated this knowledge and understanding?)

Processes:

– How are boundaries managed?

– Is there a potential for boundaries to become blurred? (For example, the potential for personal information sharing, touching, exchanging home phone numbers, contacts outside of professional appointments.) How is this potential managed?

– What is involved in the informed consent process? How does the setting demonstrate that consent is adhered to? Are the goals, risks and benefits clearly outlined and does the child or young person have a genuine choice to withhold consent or give partial consent?

Principle 2:

Choice – restoring choice and control

'Restoring choice and control' focuses on ensuring that children and young people are provided with choices, no matter how small they may seem, so as to restore their sense of control.

Key questions

– To what extent do the activities, interventions and settings enhance experiences of choice and control?

– How can services be modified to ensure that experiences of choice and control are maximised?

Consider the following for restoring choice and control:

Interventions:

– How much choice does each child or young person have over what services they receive?

– Does the child or young person choose how contact is made? (i.e. by phone, email or letter)

– How does the setting build in small choices that make a difference? (i.e. asking 'when would you like me to call? How long would you like the session to be? Where would you like it to take place?)

– Is the child or young person informed about the choices and options available? If so, how?

Processes:

– To what extent are the individual's priorities given weight in terms of the services received and goals established?

– How are children and young people advised about their rights and responsibilities?

– Are there any negative consequences for exercising particular choices? (i.e. missed appointments)

– Does the child or young person have a choice about who attends various meetings? How is this choice conveyed?

– How can services be modified to ensure that collaboration and power-sharing are maximised?

– Do children and young people have a significant role in planning and evaluating the setting's services? How is this built into the setting's activities?

– Is there a beneficiary advisory board which gathers feedback from children and young people to inform practice going forward? What is their role and responsibilities?

– How are the priorities of children and young people elicited and then validated in formulating a plan?

– How does the setting and its activities and interventions cultivate an approach of doing 'with' rather than 'to' or 'for'?

– How do activities and interventions communicate a belief that the child or young person is ultimately the expert on their own experience?

– Do providers identify tasks on which both they and the child or young person can work simultaneously? (i.e. information-gathering)

Principle 3:

Supporting coping

'Supporting coping' involves exploring what children and young people need in the aftermath of a trauma and ensuring that this is prioritised, wherever possible.

Key questions

– To what extent do activities and interventions recognise and support coping?

– How can services be modified to maximise support for coping

Consider the following for supporting coping:

Interventions:

– In routine service provision, how are coping skills assessed, recognised and enhanced?

– How are the priorities of children and young people recognised and accounted for in the setting's activities and interventions? (i.e. how are goals established?)

– How are children and young people supported to cope? (i.e. crisis management planning, identifying resources, enhancing access to social and professional support)

Processes:

– How is the concept of 'coping' assessed and understood by delivery staff? (i.e. avoidance of negative language such as 'dysfunctional' or 'poor' coping strategies)

– For each contact, how can delivery staff ensure that the child or young person feels validated and affirmed?

– How are the needs of children and young people balanced against service requirements?

Principle 4:

Facilitating connections

'Facilitating connections' emphasises the significance of relationships, and suggests the importance of actively seeking opportunities to mobilise social support and to strengthen these connections.

Key questions

– To what extent do the activities, interventions and settings facilitate connections with sources of social support and other professionals and support services within the local community?

– How can services be modified to enhance connections with sources of social support and other professionals and support services within the local community?

Consider the following for facilitating connections:

Interventions:

– How do service providers identify sources of social support for children and young people? At what stage does this occur? (i.e. initial referral, intake assessment, care planning)

– What are the opportunities for involving 'supporters' (identified members of the child or young person's social support network) in their care?

– What opportunities are there for whole family/systems interventions as part of the delivery of services? (i.e. working with groups)

– Are 'peer support' initiatives offered as part of the activities/interventions of the setting? If so, in what form?

– How are needs of 'supporters' assessed and addressed? (i.e. direct support, information and advice, referral to other services)

Processes:

– What is the process for involving 'supporters' in activities and interventions? (i.e. how is consent sought? How is privacy and confidentiality managed?)

– For children, young people and vulnerable adults, are children and young people provided with a choice to identify their own 'supporters'? If so, how is this managed?

– How are the rights and wishes of parents and caregivers managed within the service?

– Does the setting provide opportunities for joint or partnership working with other professionals and support services to maximise the services offered to children and young people?

– How are relationships with other professionals and service providers managed?

– How are relevant support services identified and information about these shared with children and young people? (i.e. verbal, written)

– How do service providers promote access to, and engagement with, other professionals and services? (i.e. via the development of a personalised support plan)

– How is information about other service providers documented and maintained?

– How are these services evaluated? What feedback mechanisms are in place?

Principle 5:

Responding to identity and context

'Responding to identity and context' recognises that every young person is unique and seeks to understand and account for their specific needs across a range of areas including religion, ethnicity, gender, political views and social circumstances.

Key questions

– To what extent do the activities, interventions and settings recognise and respond to identity and context?

– How can services be modified to enhance the setting's recognition and response to identity and context?

Consider the following for responding to identity and context:

Interventions:

– How is information collected regarding gender, ethnicity, religion, family and social circumstances? (i.e. at point of referral, intake assessment, follow-up consultations)

Processes:

– What processes are in place to avoid making assumptions? (i.e. is the information provided by the child or young person rather than being completed by the setting?)

– How do activities and interventions delivered by the setting account for identity and context? (i.e. assessment of individual needs, providing children and young people with choices regarding services)

– How is equality and diversity managed by the setting? How is this integrated into care delivery?

– What processes does the setting have in place to promote inclusivity in its activities, interventions and settings?

Principle 6:
Building strengths

'Building strengths' focuses on both supporting children and young people in the here and now, and planning for what they might need in the future. It asks that responses empower rather than foster dependency, by ensuring their access to wider systems of support, including social support.dependency, by ensuring their access to wider systems of support, including social support.

Key questions

– To what extent do the activities and interventions recognise resilience and focus on building strengths?

– How can services be modified to maximise resilience and strength?

Consider the following for building strengths:

Interventions:

– How are the strengths of children and young people recognised and enhanced in service delivery?

– How can each contact be focused on skill-development and enhancement?

Processes:

– Does the setting communicate a sense of realistic optimism about the capacity of children and young people to reach their goals? If so, how?

Principles of working with Staff Members

Principle 1:

Safety – ensuring physical and emotional safety

'Safety' refers to the concept of 'emotional safety', accomplished through establishing relationships with children and young people which promote honesty, transparency, consistency and kindness.

Key questions

– To what extent do the activities, interventions and settings ensure the physical and emotional safety of staff?

– How can services be modified to ensure this safety more effectively and consistently?

Consider the following for physical safety:

– How is the physical environment considered safe? (i.e. accessible exits, adequate space for comfort and privacy)

– Is health and safety training a key component of staff induction? If so, how is this implemented? (i.e. mandatory training)

– Are there processes in place to report health and safety concerns? How are these addressed? (i.e. timeframe, formal or informal responses)

Consider the following for emotional safety:

– What processes are in place to support staff to raise clinical concerns?

– What support is available to staff to enhance their psychological wellbeing and self-care? (i.e. clinical supervision, access to employee assistance programmes, welfare support, gym membership, flexible working patterns)

Principle 2:

Choice – restoring choice and control

'Restoring choice and control' focuses on ensuring that staff members are provided with choices, no matter how small they may seem, so as to restore their sense of control.

Key questions

– To what extent do the setting's activities, interventions and settings maximise staff experiences of choice and control?

– How can services and work tasks be modified to ensure that staff experiences of choice and control are enhanced, especially in the way that staff members' work goals are met?

Consider the following for restoring choice and control:

– Is there a balance of autonomy and clear guidelines in performing job duties?

– Is attention paid to the ways in which staff members can make choices in how they meet job requirements?

– Where possible, are staff members given the opportunity to have meaningful input into factors affecting their work? (i.e. size and diversity of caseload, hours, leave, access to training, approaches to care, choice of supervisor)

– Does the setting have a process for implementing change that encourages collaboration amongst staff at all levels, including support staff?

– Are staff members encouraged to provide feedback and suggestions? If so, how?

Principle 3:
Supporting coping

'Supporting coping' involves exploring what staff need to be able to provide support to children and young people and ensuring that this is prioritised, wherever possible.

> ### Key questions
>
> – To what extent does the setting provide support for staff?
>
> – How can the setting be modified to maximise staff support?

Consider the following for supporting coping:

– Is there an understanding of the emotional impact of direct care? If so, how is this conveyed?

– Do all staff members receive annual training in areas related to trauma, including the impact of workplace stressors? How is this audited?

– How is self-care encouraged and supported with policy and practice?

– Do all staff members have access to, and regularly receive, clinical supervision? How is this time protected and prioritised?

– Is clinical supervision clearly separated from administrative supervision that focuses on managerial issues?

– Are staff provided with a choice of supervisor?

– Do senior management make their expectations of staff clear? How is this conveyed?

– How is a culture of openness, honesty and transparency fostered within the setting?

– How are staff valued and respected?

Principle 4:
Facilitating connections

'Facilitating connections' emphasises the significance of relationships, and suggests the importance of actively seeking opportunities to mobilise social support and to strengthen these connections.

Key questions

– To what extent does the setting support staff to develop and maintain connections with colleagues and wider networks of support?

– How can the setting be modified to enhance connections between colleagues and wider networks of support?

Consider the following for facilitating connections:

– What processes are in place to encourage and promote access to peer support?

– What processes are in place to encourage team cohesion? (i.e. regular team meetings, social activities, team away days)

– How are staff supported to maintain a 'work-life' balance? (i.e. flexible working, family friendly policies)

– How are the needs of the families of staff members accounted for by the setting? (i.e. childcare vouchers, flexible working during school holidays, carers leave)

– How are families included by the setting? (i.e. invited to participate in social activities such as family days)

Principle 5:

Responding to identity and context

'Responding to identity and context' recognises that every young person is unique and seeks to understand and account for their specific needs across a range of areas including religion, ethnicity, gender, political views and social circumstances.

Key questions

– To what extent does the setting recognise and respond to identity and context?

– How can the setting be modified to enhance their recognition and response to identity and context?

– How are the individual needs and circumstances of staff accounted for in organisational policies and processes? (i.e. flexible working, family friendly policies, leave granted for religious events)

– Is equality and diversity training mandated for all staff?

– Has the setting appointed an equality and diversity lead? Is there a comprehensive and accessible process in place to escalate concerns?

Consider the following for responding to identity and context:

– What processes does the setting have in place to promote inclusivity in recruitment, selection and management of staff?

– How is equality and diversity managed by the setting in relation to the management and support of staff?

Principle 6:
Building strengths

'Building strengths' focuses on both supporting children and young people in the here and now, and planning for what they might need in the future. It asks that responses empower rather than foster dependency, by ensuring their access to wider systems of support, including social support.

Key questions

–   To what extent does the setting focus on developing and building the strengths of its staff?

–   How can the setting be modified to enhance opportunities for staff development?

Consider the following for building strengths:

–   Are staff subjected to regular performance reviews? Are these strength-based and collaborative? How so?

–   Are staff members offered development, training, or other support opportunities to assist with work-related challenges and difficulties?

–   Are staff members offered development, training, or other support opportunities to build on their skills and abilities?

–   How are development opportunities identified and assessed?

–   How do processes support and encourage staff development? (i.e. recognition of qualifications, time off for study leave)

Contact Us

We would love to hear from you about how the training has supported you in your role or what we may consider additionally for future trauma informed work.

Contact Thrive LDN

info@thriveldn.co.uk

www.thriveldn.co.uk

Contact Nicola Lester

consultancy@nicolalester.co.uk

www.nicolalester.co.uk

Use of the training, guides and further materials

The team at Nicola Lester Trauma Consultancy have worked hard to develop this training and to make it accessible to all. Thrive LDN is delighted to host it for free, with thanks to funding and support by the Mayor of London, on our website via: **www.thriveldn.co.uk/trauma-informed**.

We ask that you respect this by keeping this online training for use by you and your organisation and do not reproduce the materials or re-distribute for profit. However, we do encourage you to share the details about the training with those in your networks who would benefit from participating.

NICOLA LESTER
PSYCHOLOGICAL TRAUMA CONSULTANCY

Thrive LDN
towards happier, healthier lives

SUPPORTED BY
MAYOR OF LONDON