Trauma-Informed System
Knowledge and Skills Framework
Implementation Toolkit

Bristol, North Somerset & South Gloucestershire

Acknowledgements

Living document

The Implementation Toolkit is designed to be a living document and we welcome any feedback. If you have any feedback on either the Knowledge & Skills Framework or this Implementation Toolkit, please email us at:

ACEHIT@bristolhealthpartners.org.uk

This is version 1, published March 2021

Background and purpose of document

Adversity and trauma can have a considerable impact on people's lives, both when it occurs and throughout the lifespan. This Knowledge and Skills Framework aims to ensure a consistency of approach, supporting staff in recognising adversity and trauma and applying that knowledge to ensure a trauma-reducing rather than a trauma-inducing way of working.

Adversity and trauma, including adverse childhood experiences (ACEs), can have a profound impact throughout people's lives. Evidence suggests that adversity and trauma informed systems can lead to better outcomes for people directly affected by these experiences, as well as society as a whole. This requires individuals across the whole workforce - not just those directly working with those who have experienced trauma - to have knowledge and skills around adversity and trauma, and how to prevent and mitigate their impacts.

This Implementation Toolkit has been designed to help implement the Trauma-Informed Knowledge & Skills Framework that has been written by partners across Bristol, North Somerset and South Gloucestershire (BNSSG). It describes the steps that individual workers and their organisations can take to implement the Knowledge & Skills Framework and embed adversity- and trauma-informed practice within their organisations.

This document has been co-produced with lived experience representatives; their suggestions and insights have been vital to the production of this toolkit. This toolkit was also developed using information and guidance from:

Action on ACEs Gloucestershire

San Francisco Department of Public Health

Covington Trauma Toolkit

Dr Karen Treisman's Fellowship Report

Implementation Process

It is important to highlight that different organisations may implement the Knowledge & Skills Framework in different ways, depending on the organisation, their workforce and the processes that already exist within the organisation. Trauma Informed Oregon have developed a useful roadmap to embedding trauma-informed care, displayed in the following figure.

Figure 1: Road Map for Trauma-Informed Care [Source: Trauma Informed Oregon] [1]
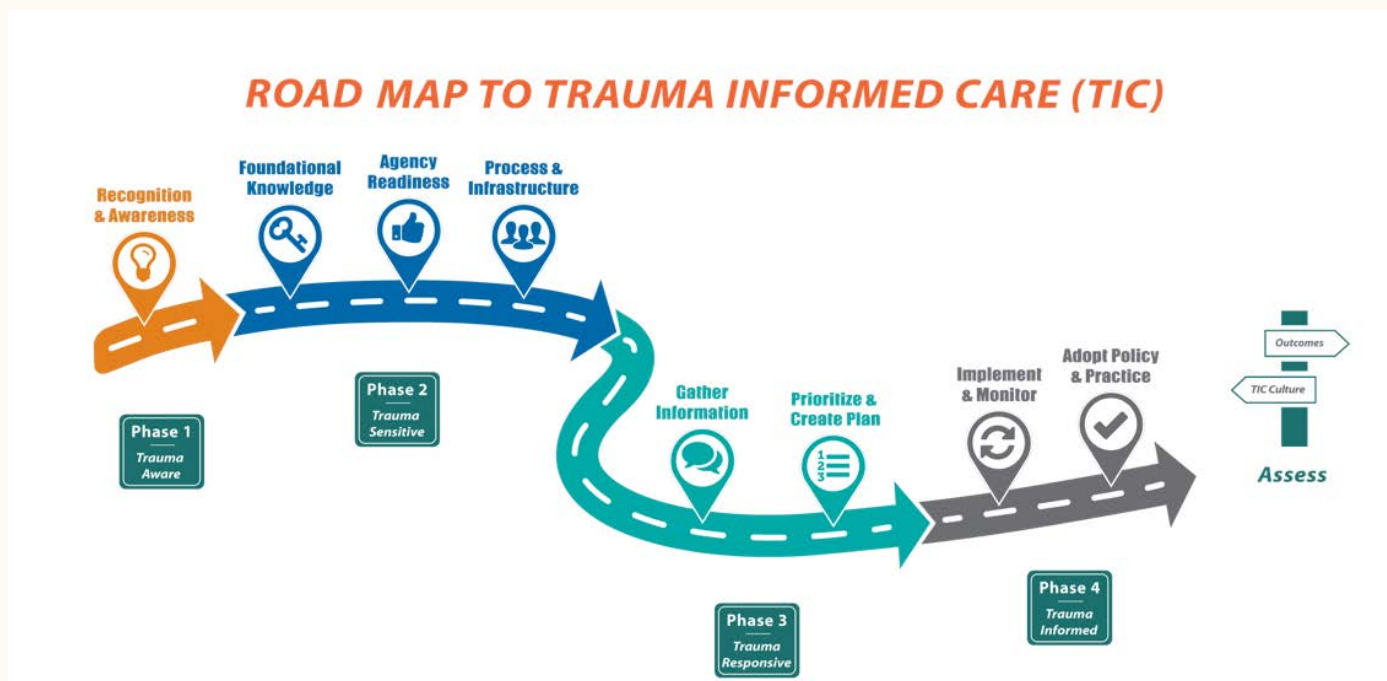
Below, we have outlined the broad steps that should be considered by organisations to support implementation of the Knowledge & Skills Framework:

Create a Trauma-Informed Implementation Working Group

Research from the USA has identified that creating a committee or working group was key to successfully embedding trauma-informed approaches within organisations.[2] These working groups should include staff working in a variety of roles across different levels of the organisation.

Lived experience representatives should be involved as equal partners in the working group and co-produce any outputs from the working group. It is important that lived experience representatives are appropriately reimbursed for their input; strategic leads within the organisation should therefore have a policy for reimbursing lived experience representatives and other relevant volunteers.

The role of this working group should be to oversee the implementation of the Knowledge & Skills Framework across the organisation, and to work with the organisation's leadership team and staff to develop an implementation plan for the Framework.

Assess current practice

Team leaders or other relevant individuals should assess current trauma-informed practice within the service or organisation. This will help to provide baseline information to support monitoring and evaluation of the Framework's impact, but will also help the service or organisation to identify specific areas of focus. The self-assessment framework to be used will depend on the nature of the service or organisation. However, an example framework for adaptation is provided in Appendix A.

[1] Trauma Informed Oregon (2020). Road map to trauma informed care. Online. Available at: https://traumainformedoregon.org/roadmap-trauma-informed-care// [Accessed 12 October 2020]

[2] Treisman, K (2018). Becoming a more culturally, adversity, and trauma-informed, infused, and responsive organisation. Available at: https://www.wcmt.org.uk/sites/default/files/report-documents/Treisman%20K%202018%20Final.pdf [Accessed 12 October 2020]

The role of this working group should be to oversee the implementation of the Knowledge & Skills Framework across the organisation, and to work with the organisation's leadership team and staff to develop an implementation plan for the Framework.

Training for all staff

All staff groups identified within the Knowledge & Skills Framework should receive foundational training on trauma and the importance of trauma-informed approaches. This foundational training is important to help meet the basic knowledge requirements outlined in the Framework and should be repeated at regular intervals as part of the induction process for new staff coming into the organisation.

More focused training should then be provided to individual staff groups, in order to meet the Framework's specific recommendations for their role. Continuing training and workforce development is critical for embedding the Framework within the organisation, and a programme of rolling training should be designed to meet the needs of the workforce.

Depending on the size of the organisation and the number of individual staff employed across the four staff groups identified in the Framework, a "Train the Trainer" approach may be useful. The "Train the Trainer" model should also be used for lived experience representatives, ensuring that training is provided to all individuals involved in embedding trauma-informed approaches within organisations, not just the organisation's staff.

Identify champions

A Champions' model should be used to identify trauma-informed champions across a wide range of different staff groups and at all levels of the organisation. The role of trauma-informed champions is to drive change and to provide a source of information, advice and support for colleagues. Champions may be identified through an open call for interested volunteers or being nominated by fellow colleagues.

Create a peer-support environment

Organisations should create a safe and supportive environment for staff to discuss their experiences of using and applying the Knowledge & Skills Framework in their work. Organisations should provide forums through which staff can connect and share information, thoughts, concerns, experiences and best practice.

Peer support is also vital for lived experience representatives, and for all individuals on the Trauma-Informed Implementation Working Group.

Encourage reflective practice

Regular supervision and reflective practice is critical to ensuring that the Knowledge & Skills Framework is successfully implemented and that trauma-informed approaches are embedded more broadly across the organisation. Staff need to be provided with the time and space to safely reflect, think, feel and process their work. This is essential not only for improving practice, but also for staff wellbeing and for managing the impacts of secondary trauma exposure within their work.

Lived experience representatives should also receive supervision and be given the opportunity to engage in regular reflection, as their engagement in this work may be re-traumatising.

Organisations should provide a variety of opportunities for staff to safely reflect, enabling individuals to choose who to reflect with and the format within which they prefer to reflect.

Principles

All members of the workforce, whether volunteers, practitioners, managers or strategic leads, should have the opportunity to become adversity and trauma aware and responsive.

We hope that training in adversity and trauma-awareness will create a shared understanding, language and value system across different teams and organisations. Adversity and trauma-awareness recognises that early adversity occurs within the context of relationships. Positive change can also take place in relationships - relationships between individuals and families; relationships between families, and volunteers and professionals; and relationships between different services and systems.

Training the workforce in adversity and trauma awareness provides the initial building blocks to the development of adversity and trauma informed services, with emerging evidence showing that these services and systems can have better outcomes for people affected by adversity and trauma.

Adversity and trauma informed approaches also involve considering the workspace within which these conversations are happening. This includes the layout and use of space, design of the environment and sensory factors, such as noise levels.

The following principles underpin the implementation of the Knowledge & Skills Framework:

Safety

Choice & Clarity

Collaboration

Trustworthiness

Empowerment

Inclusivity

Please see the accompanying Trauma-Informed Principles document for descriptions of what these principles mean in practice. This document is available to download here

The document also includes full references and detail on how these principles were developed.

Whole system change is really important for adversity and trauma informed approaches to be embedded in a meaningful way. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014a) developed four key assumptions which are helpful to acknowledge in this work. According to SAMHSA (2014a) 'a programme, organisation or system that is trauma informed':

Realises the widespread impact of trauma & understands potential paths for recovery

Recognises the signs & symptoms of trauma in the people that they serve & in their families, staff & others involved with the system

Resists re-traumatisation (actively seeks to resist this)

Responds by fully integrating knowledge about trauma into policies, procedures & practices

These assumptions relate to all visitors, peers, volunteers and staff involved with the organisation regardless of role and to all areas of the organisation's work. They also require agreement and sign up at all levels of staffing in order to be effective.

The perspectives of people with lived experiences of adversity and trauma, as well as evidence from practitioners working on the ground, should be central to the process of becoming trauma-informed.

Becoming a trauma-informed organisation is an ongoing process, not a one-off event.

Embedding cultural change across an organisation is not quick or easy.

Organisations should therefore have a realistic timeframe for implementing the Knowledge & Skills framework within their organisation.

Engagement at the highest levels of the organisation is critical for trauma-informed approaches to be successfully embedded.

Appendix A: Walk-Through Self-Assessment Exercise

A walk-through approach from first to last contact/communication can be very helpful. It's recommended that managers, practitioners and service users are involved in this exercise and that it is done using a variety of perspectives eg an adolescent; someone in a wheelchair; a lone parent with three pre-school children; someone with lived experience of trauma; someone who has English as an Additional Language etc. Record your feelings at each step of the process, identifying what works well and any problems or barriers. The questions below are given as possible examples but there are many more – what have we left out?

Before starting, it can be useful to consider how your organisation involves people with lived experience in the design and delivery of services:

1. What are your participation goals? Who benefits from participation in your organisation and how?

2. Are there agreed definitions of different ways of participating eg co-production, co-design, consultation?

3. How does the organisation meaningfully engage people who use the service in all areas of the organisation eg leaflets; training; recruitment; governance?

4. Whose voices are represented? Are participants reflective of the whole population served by your organisation?

5. Are resources made available to support participation and engagement? Are service users recompensed?

6. Is feedback genuinely encouraged, sought, listened to, and if possible, acted? How do you let service users know what has happened as a result of their feedback?

7. Are you trustworthy? Do you follow through on promises?

First impressions

1. The first time someone may learn about your service is through a leaflet or other written material. What kind of language is used? Is it collaborative, strengths based, accessible? Is the information available in different languages and formats? How would someone who doesn't read or write find out about your service?

2. What happens if you phone your organisation as a potential service user, during and outside office hours. Do you receive a welcoming, respectful, and engaging person on the phone? Do you have to call back? Do you feel motivated to use the service?

3. Are you told how to get to your service? Would you know where to park or which bus to take and how much it might cost? Do you know which door to use? Are you encouraged to bring someone to support you eg a friend/family member.

Welcome

1. Where are services delivered? Does the agency location feel safe?

2. How would you describe the reception and waiting areas? Are they comfortable and inviting? Are there positive messages in posters on the walls? Can you get a drink?

3. Are there clear signs and maps so that you know what to do, where to go, who to approach?

4. Do service users experience their first contact as welcoming and respectful? Is it a private space or can others overhear?

5. Are staff eg the security guards and reception staff supported and able to identify and recognise distressed behaviour as possible communication of trauma? Are they able to respond in a calm, regulated way? Are they trained in de-escalation and do they have a safety plan?

6. Is there sensitivity to unsafe situations eg domestic violence and abuse? Is the service user asked about the safety of his/her current living situation in a way that doesn't put them in more danger?

Choices

1. How much choice does the service user have over what services s/he receives?

2. Is there choice or preference over the person they see eg gender or race; the place and time of appointments; bringing a friend or member of the family with them?

3. Do the service users have a choice about how contact is made (e.g., by phone, mail, visit to home)? Are they clear about when and how to contact you? What will happen if their keyworker isn't available or is on leave?

4. Do service users receive a clear and appropriate message about their rights and responsibilities?

Trauma Screening, Assessment, and Ongoing Work

1. Are workers confident in asking questions sensitively and having discussions in ways that show compassion, respect, curiosity, and interest in learning about what matters to individual service users?

2. Do providers communicate respect for the service users' life experiences and histories? Do service users feel that the organisation is working 'with' them or does it feel like a de-humanising experience?

3. Do staff have an understanding of the service users' cultural/ethnic/racial identities and how trauma may have different meanings for different cultural groups (eg historical trauma)?

4. If it is necessary to use screening or assessment measures, is the purpose explained and are they done sensitively, at a pace to suit the service user, knowing they can stop if they feel overwhelmed?

5. Does the service user know who will see the completed screening/assessment? Do they understand informed consent, information sharing and confidentiality? Do they receive a copy?

6. Are they strengths-based? If there are safeguarding concerns, is the service user also asked about what is going well?

7. Is the language used accessible, avoiding jargon and acronyms? For example, is it suitable for those with learning disabilities or the visually impaired? What about those who can't read or write?

8. How would someone reading their notes feel?

Staff wellbeing

1. Is staff wellbeing and self care a priority? Do your staff understand how secondary trauma may impact on them?

2. Do staff feel acknowledged, validated, appreciated?

3. Are staff supported to have a space to reflect openly and honestly on their own triggers, knowledge, understanding and assumptions about different people, for example, with someone with autism, or someone from a particular religious background?

4. Do workers have a space/forum where they can reflect on the work itself, and the impact of the work, such as reflective supervision? Does this space feel safe, containing, supportive etc?

5. Are they shown/do they feel qualities such as compassion, respect, empathy, curiosity, reflectivity, containment, and understanding from leaders and colleagues?

6. How do your staff feel as they go home each day/at the end of the week?

Appendix B: Checklist for Evaluating the Knowledge & Skills Framework

Date:

Organisation/department/team completing this checklist:

How is the Knowledge & Skills Framework being applied within your organisation/team/department?

What are your organisation/department/team's reflections about the process of implementing the Knowledge & Skills Framework?

Are there any adjustments needed to the Knowledge & Skills Framework to help it be applied?