

Rapid Evidence Review

Key Findings Implementation of Trauma-Informed Practice

- 1. Trauma-informed practice was found to be applied by our interview participants based on 5 key areas of implementation: 1. Leadership, 2. Policies and procedures, 3. Training, 4. Staff support and supervision, 5. Physical environment.
- 2. Leadership matters: Trauma-informed practice was modelled by organisation leaders who lead by example and cascaded and championed the approach. Leaders need to the concept of trauma-informed practice, so they can support, reinforce, and keep the conversation around trauma-informed practice going. We found that the decisions to implement trauma-informed practice into an organisation were management/leadership driven.
- **3.** Policies & procedures are essential:

of implementation 1. Leadership, 2. Policies and procedures, 3. Training, 4. Staff support and supervision, 5. Physical environment.

- 3. Effective implementation across social care requires investment in qualified professionals to provide specialist trauma-informed support.
- 4. A comprehensive, publiclw]TJETQq0.00000912 0 8.17792 reW*nBT/F3 111.04 Tf1 0 0 1 223.85 666.1 Tm0 g0 G(

Context

COVID-19 has thrown the health and well-being of the social care workforce into sharp relief. On the back of the pandemic, there has been a growing recognition that a greater focus is needed on both the impact of bereavement and high-level trauma for the social care sector, as well as on how employers support and expect their employees to manage grief and trauma (Billings et al, 2021; COVID Trauma Response Working Group, 2020).

In light of the above, Skills for Care, on behalf of the Department of Health and Social Care (DHSC), commissioned the National Care Forum (NCF) to carry out a rapid evidence review. This evidence review explored how organisations use trauma-informed practice (TIP) to support the adult social care workforce, identified what TIP best practice looks like, and gathered information on trauma-informed organisations operating in the sector, with recommendations for future work.

Project Aims

In this project, we explored the factors that enable organisations to become trauma-informed. Our key aim was to explore trauma-informed practice to support the adult social care workforce and provide best-practice examples of how employers can support employees who have experienced trauma. To meet our key aim, and to gain a deeper understanding of trauma-informed practice and how it is implemented across sectors, the NOF policy & research team:

Reviewed grey and academic evidence relating to trauma-informed practice around supporting the workforce, particularly exploring research, policy, and practice within the adult social care sector and in other sectors.

Methodology

To compile the evidence base for trauma-informed practice, the key project activities were split into three distinct phases of research. Phase 1 consisted of the initial scoping research where we planned our project activities. Phase 2 involved more in-depth research exploring grey and academic literature. In Phase 2 we also conducted an organisational search, researching key organisations in each sector that offer advice and information on trauma-informed practice, specifically on those who demonstrated how employers can support and expect their employees to manage grief and trauma. We also conducted primary research and online interviews with key stakeholder organisations that were aligned with the trauma-informed approach and/or had specialist services where staff were more likely to experience trauma due to the nature of the service. The final phase, Phase 3, involved the analysis of the data gathered throughout Phases 1-2 of the research. The key project activities are summarised below:

- 1. Initial Scoping Research (Phase 1)
- 2. Research Rapid literature review, organisational search, and stakeholder interviews (Phase 2)
- 3. Data Analysis (Phase 3)

Scoping

During the initial scoping stage, we planned the details of the research and identified aims, outcomes and key deliverables. We also planned for Phase 2 (research) and 3 (data analysis). We established a

and well- Our search terms were explicitly widened beyond as this is not necessarily traditional terminology across the adult social care sector.

The interview participants described the workforce from the sectors they worked in as informally resilient, with staff doing lots of things in their everyday practice that were trauma-informed, but they would not call it TIP. There was the overall sense from the interviews that the work and practices carried

Findings Implementation of Trauma-informed Practice

What does it take to become a trauma-informed organisation?

Key Finding 1 Trauma-informed practice was found to be applied by our participants based on 5 key areas of implementation

Our research highlighted that each organisation had differing offerings of support for their staff and implemented their own

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that TIP was being supported at a strategic level, an example of strategic leadership in play. Another example of leaders leading by example was at Stonepillow. More information is presented below.

Leadership in the Literature

The importance of trauma-informed leadership a key theme that was also identified in the literature review. The growing academic consensus is that transformational leaders in human services (such as adult social care) should convey compassion and sensitivity whilst taking concrete actions to embed TIP into the strategy, policies, and everyday practice of an organisation (Middleton, Harvey, and Esaki, 2015). As detailed by the definity all Health and Coordinating Council in their TI trauma-informed leadership is social leadership in which a leader should role model how this vision translates into practice where trust and respect is built so that people support each other, bring others along and an atmosphere of caring about each other is create (Mental Health Coordinating Council, 2019, p.6).

Further to this, within the discourse, there is a growing acknowledgement that the nurturing of self-compassion among health and care staff can enhance staff well-being and that leaders should recognise this benefit and foster a culture of s0 G[(ackno)7(wledg)4(e)9(m)-4(ent)] TJETQq0.00000912 0 612 792 re nBT/00s0.34 T

so that they could reduce the power within policies, establish relationships and provide more engagement with the policy.

For Hestia, one example of a trauma-informed policy that they had in place were case management reviews. During these reviews, the manager would look through their staff—cases to find out more about the dients that they would be dealing with so that they could be aware of the levels of trauma that might be coming up. This allows the organisation to be proactive rather than reactive.

For some organisations, due to the impact of the pandemic, they have also had to review and build trauma-informed practice into new policies. This included for one organisation a death of a client policy. This was introduced due to the highly traumatic effect on their staff teams as death is not commonplace in their sector.

There are a number of assessment tools that organisations can use to assess their TIP, policies and procedures and recommend internal areas for improvement. Participants indicated using these tools as part of their practice.

Trauma Informed Lancashire have developed an assessment tool at the request of system leaders to help them to find out how trauma-informed their team is, their department, a baseline measure. Alongside this, after increased demand for more TIP assessment offers, was a peer review option. Organisations can swap their completed as nBT/0.00000912 0 6hatile

Trauma Informed Lancashire

This organisation was approached by various training companies that offered TIP courses. After great reflection and identifying the required outcomes of their training programme, they decided to put together their own training teams and create their own training products. They only offer face-to-face training which is either multiagency or bespoke. With the bespoke training offer, they have specific trainers for different sectors including NHS, Police and the probation service. To date over 6,000 professionals across Lancashire have been trained by TIL

Trauma Treatment International

As part of its package of support, this organisation offers bespoke training to organisations. Rather than having a training schedule set for all, the TTI practitioners look at the current training, identify gaps and then make recommendations tailored to the organisation. Following any recommended training, the organisation maintains a close relationship with senior management, asking for reflections on the things that they would like TTI to continue to help them implement and review.

Trauma Informed Torbay

Trauma Informed Torbay have developed a learning programme. This programme requires the commitment of half a day a month over 6 months. Those that attend can learn more about TIP, and then apply what they have learnt to their everyday practice, with an opportunity to come back and reflect at the next session. This learning programme features mixed groups of different organisations and people with different levels of responsibility within an organisation.

Bristol, North Somerset, and South Gloucestershire's Trauma Working Group

This group have produced a Knowledge and Skills Framework to support organisations on their journey to becoming trauma-informed. A core element of this framework is trauma training for staff. They suggest that trauma training should feature in the induction for new starters and for organisations aiming to become

foundational training on trauma and trauma-informed approaches should be repeated at regular intervals. (BNSSG, 2021)

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Alongside these more formal measures of support, there were many opportunities identified for staff to communicate, reflect, talk about their personal feelings, and gain the benefits from social support. Participants reported that they facilitate these opportunities through groups, team support and trained professionals. Examples of the ways participants supported their staff are presented below.

Mechanisms to Help Staff Manage their Grief and Trauma
Supervision
1-1 supervision
Personal supervision
Resilience-based dinical supervision
Staff Support

Groups

Peer-to-peer groups
Schwartz rounds
Network meetings
Hive mind
Monthly groups
Practitioner group
Team leader group
Strategic group

Team Support

Structured team meetings Group debriefs Weekly drop-in sessions Weekly meetings Buddy systems

Peer support

Day-to-day grief management

Reflective sessions

Weekly quiz Laughter yoga Surfing Resources

Organisation intranet with resources

Briefings

Meditation app

Reflective journals

Spiritual care services

Employee Assistance Programmes

One-to-one counselling

Trained Professional

Wellbeing Coordinators

Mental health practitioners

External counsellors

Psychologists

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SAMHSA (2014) and Trauma Informed Oregon (2016) phased approaches. In framework, a key principle is moving towards collaborative relationships and away from helper-helpee roles, based on trust, collaboration, respect and hope.

Recent literature highlights the importance of peer support, particularly for care staff during the pandemic. The Royal College of Psychiatrists (2020) in its Organisational Wellbeing During the Covid-19 Pandemic Guidance Document outlines that organisations should develop opportunities and avenues for staff to think about the emotional impact of their work be that through peer support groups, team meetings or informal conversations. Billings et al., (2021) also indicate that care workers value opportunities to normalise and validate emotional responses by talking to someone that understands and relates to their problems—this was particularly valued during the pandemic when workers described a strong sense of camaraderie.

Staff Support Resources

There were also resources available for staff to use to help them manage their grief and well-being. Employee Assistance Programmes proved popular, with benefits such as access to one-to-one support either virtually or face-to-face and counselling. There was also an organisation that had developed a meditation app. Most of the organisations that we interviewed provided or signposted employees to well-being and resilience pages. For the homelessness provider, an approach they had adopted was reflective practice during supervision and they also provide private reflective journals at induction. Further resources to signpost staff that we identified during our organisational search are presented in Appendix C.

It is important to note that while many organisations may already be adopting these approaches to support their staff e.g., providing Employee Assistance Programmes, not all will be necessarily seeking to formally adopt a trauma-informed approach. It would,

measures deemed important for a trauma-informed physical environment. Adapting the physical environment was identified by participants as an activity that could end up quite costly, with some organisations opting for a phased approach to any environmental changes.

What was apparent during the interviews, however, was that this domain of implementation was often overlooked. Organisations when focusing on TIP, usually prioritise the environment for people who draw on care and support and coproduce with people who draw on care and support and not their staff. This was recognised by some of the interviewees, such as one that commented on their much-improved head office space with breakout rooms, a kitchen with a table, and past head office space. One participant suggested it was harder to create a dedicated safe space for those who work in a care home due to limitations in the free spaces available.

The literature reinforces the notion that physical environment

are key to an

will also provide an opportunity to demonstrate the costs, benefits, and potential impacts for an organisation and their workforce if they choose to implement TIP.

This evidence base will also require further exploration into the evidence available and outcomes of organisations supporting their staff and being on their TIP journey contrasted with organisations who support their staff but would not consider themselves as aiming to be trauma-informed.

Carefully planned training – While organisations explained their training programmes and their journey

included mental health nurses, well-being coordinators and clinical psychologists. These individuals helped with one-to-one talks after critical incidents and were a point of contact for staff to talk about their mental health and well-being. Limited sustainable funding was identified as a barrier and provided uncertainty over these posts. There were also other key experts who participants believed would help support staff dealing with trauma and grief including occupational therapists and a bank of reflective practice facilitators.

One key point from the multi-agency lens that Trauma Informed Lancashire held was that there was the need for parity of provision, as support from trained professionals varied across organisations. Sonepillow also suggested that it would be helpful if there were trained experts available to help organisations read through their policies and practices to ensure that they are trauma-informed.

Overall, there was the understanding that supporting the workforce to deal with grief and trauma was a task that benefitted from external specialist professional help.

Engagement Plan – There is also the need for a plan of engagement. How would anything generated be advertised and to whom? When creating the plan, it also needs to be realistic about what is achievable, the time required, the funding commitments and an assurance that TIP is not a magic bullet for human emotion.

Funding and investment in Trauma-informed Practice Alongside the areas listed above, it will be important to consider how to marshal resources for the sector. If the aim is for social care organisations and the social care sector to become trauma-informed, it will need to be funded. Each area listed above would need long-term financial investment.

Summary of Findings

Below is a summary of the key findings that emerged during the research.

Key Findings Understanding Trauma-Informed Practice

- 1. Trauma-informed practice is part of a spectrum (diverse range) of well-being: It offers tools for organisations to help staff cope with difficult days and any trauma-informed approach should be grounded in compassion, kindness, and empathy.
- 2. Trauma-informed practice is a journey, not a destination: Trauma-informed practice was seen by many as a journey of continual reflection and commitment. The literature highlighted many phased approaches, each having its own unique method of moving towards a trauma-informed way of working.
- 3. Tangible acts and actions matter more than terminology: tangible acts and actions to support organisations and workers are more important than what terminology is used to describe trauma-informed practice. It is important to exercise caution and consider the context when using the phrase.
- 4. The recognition of the relevance of trauma-informed practice has been galvanised by the pandemic: Trauma-Informed practice has been introduced into organisations due to the workforce pressures created by the pandemic alongside the ongoing recognition from organisations of the need to find better ways to help them support their staff.

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- 3. Policies & procedures are essential: Ensuring that the appropriate policies and procedures are in place to support staff with their grief and trauma. Assessment tools may be usBTto

- talk about their personal feelings, and gain the benefits from social support. This was through groups, team support and trained professionals.
- 6. The physical environment is also important: The physical environment was important in providing a safe space for staff, but this domain of implementation was often overlooked. Organisations, when focusing on trauma-informed practice, usually prioritise the environment for people who draw on care and support and coproduce with people who draw on care and support and not their staff.
- 7. Gaps remain in the evidence for and impact of trauma-informed practice There were key gaps identified where additional evidence may be needed. These were: opportunities for evaluation and developing an evidence base and creating carefully planned training and tailored resources/ support for both staff and organisations. There was also a need identified for trauma-informed trained specialists within organisations and dedicated funding to support this. Overall, there was a gap identified in the financial investment of trauma-informed practice in the sector.

NHS Education for Scotland (2021)

NHS Education for

Scotland. Available at:

https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2021/03/trauma-informed-practice-toolkit-scotland/documents/trauma-informed-practice-toolkit-scotland/trauma-informed-practice-toolkit-scotland/govscot%3Adocument/trauma-informed-practice-toolkit-scotland.pdf (Accessed: March 24, 2023)

NHS Education for Scotland (2021)

. NHS Education

for Scotland. Available at: https://www.transformingpsychologicaltrauma.scot/resources/trauma-informed-organisations (Accessed: March 24, 2023).

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Experiences Study

, 245-258.

Appendices

Appendix A Literature Review Search Terms

	na-informed pproach	Trauma-informed practice	Trauma + wellbeing	Re-traumatisation
	Trauma-informed	Trauma-informed	Trauma-informed	Trauma-informed
	approach + employees	practice + employees	organisations	approach + employer
Trauma-informed		Trauma-informed	Trauma-informed	Trauma-informed +
	practice + employer	approach +	practice+	supervisory
	practice + employer	organisations	organisations	frameworks
Trauma-informed + leadership		Trauma-informed + strengths-based leadership	Trauma + bereavement support	Trauma+ mental h eat

- Have you embedded trauma-informed practice into your governance and leadership processes?
 How is it resourced? (financing)
- Have you embedded trauma-informed practice into your physical environment? How is it resourced? (financing)
- Have you embedded trauma-informed practice into your policies and protocols? How is it resourced? (financing)

Maintaining Trauma-informed Practice

- Do you regularly talk to your staff (customers) about your trauma-informed approach?
- Have your staff been trained in trauma and peer support? How is it resourced? (financing)
- Do you assess regularly (keep up with) trauma-informed practice? How is it resourced? (financing)
- Are you paying attention to best practice and changes?

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Organisat on	What they offer	Who it is targeted at	Summary	How to
				access
Southampton	Wellbeing resources	Care workers	This site features information about national services for care	<u>Link</u>
Council			staff to support their well-being.	
Mind	Bereavement resources	General	This webpage contains resources about supporting yourself and	<u>Link</u>
			others through bereavement. It offers links to specific contacts	
			from Mind and also other organisations.	
Mind	Wellness Action Plan	General	This is a guide for employees who would like to learn more about	<u>Link</u>
			how to use Wellness Action Plans (WAPs) to support and	
			promote their mental health and well-being at work.	

Appendix D - Useful Resources for Employers

We have identified a variety of organisations that provide resources featuring advice and information on trauma-informed practice. This advice includes guidance on how employers can support and expect their employees to manage grief and trauma. This includes resources from

Organisat on	What they offer	Who it is targeted at	Summary	How to access
		other organisations	The toolkit can be worked through with managers and staff.	
One small thing	Information about a trauma-informed network	General	This page provides information about a trauma-informed network. It is useful for those who want to become trauma-informed or anyone who has already begun this approach. On the page, there are links to future in-person meetings and recordings of past meetings.	<u>Link</u>
Nottingham Trent University	Managing Trauma in the Workplace Employer Toolkit	Employer any industry	Toolkit providing information on how to manage trauma in the workplace and key strategies that need to be developed to support individuals in need.	<u>Link</u>
Trauma Treatment International	Self-assessment toolkit for organisations	General	This is a self-assessment toolkit for employers that can help trauma-exposed organisations assess their exposure to risk. Made up of three sections, the toolkit also shows how successful these organisations are at mitigating the impact of trauma on their staff.	<u>Link</u>
Avon and Wiltshire MHP - NHS	Guide	Avon and Wiltshire	A guide about Trauma-informed compassionate leadership information after COVID-19.	<u>Link</u>
Centre for Mental Health	Guide	General	This guide focuses on how employers can support their employees through the psychological and emotional traumas they may be facing due to COVID-19.	<u>Link</u>