research in practice

Strategic Briefing

Embedding a trauma-informed approach to support staff wellbeing in children's social care

Dartington Trust

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Introduction

Working with children and families in the context of abuse, neglect, poverty and social inequality can place high emotional demands on practitioners (Baynes et al., 2019). Developing organisational policies, working conditions and cultures that promote wellbeing and self-care, and that create a safe and supportive environment, are key to preventing vicarious and secondary trauma in the workforce and for sustaining humane, ethical and compassionate work with children and families (Grant et al., 2020; Treisman, 2018).

This briefing considers what a trauma-informed approach looks like at an organisational level and why the approach is important for the organisation, the workforce and the children and families that professionals work with. It builds on the *Developing and leading trauma-informed practice: Leaders' Briefing* (Wilkinson, 2018) and introduces more recent research and practice relevant to trauma-informed approaches.

Research and resources on trauma-informed practice have expanded in recent years. It is not possible to cover this research in detail in this short briefing. Rather, it focuses on developing and embedding a trauma-informed approach and culture at the organisational level in order to support staff wellbeing which, in turn, provides a strong basis for delivering high-quality services for children and families.

It includes examples of trauma-informed approaches that have been introduced in different organisations (based on discussions and summaries of key documents), as well as links to relevant resources on trauma-informed practice.

The resource is aimed at strategic leads, managers and practice supervisors and includes sections on:

The importance of a trauma-informed organisational approach

There are many reasons why a trauma-informed organisational approach is needed. A selection of the pertinent issues are discussed in the following sections, with a focus on vicarious trauma (for a fuller discussion see Treisman, 2018).

Vicarious trauma

Providing effective and sensitive care to children and families who have suffered trauma or adversity requires an emotionally healthy and well supported workforce. Without this, there is a risk of burn-out, secondary traumatic stress, vicarious trauma and/or compassion fatigue. Although these terms are often used interchangeably, there are some important distinctions, which are summarised in Table 1 below.

Vicarious trauma can occur over a period of time or from a single traumatic incidence. Professionals may also experience direct trauma and/or violence from the families they work with. This can affect the whole team, who may fear they could suffer a similar experience (NSPCC, 2013). The enduring impact of austerity and working with families who are living in poverty and experiencing food insecurity, homelessness and debt is another potential source of vicarious trauma for professionals (Blok et al., 2020).

Connection, empathy and compassion are key social work skills; however, over-empathising can lead to 'empathetic personal distress' (Kinman and Grant, 2011, p. 265, cited in Rose and Palattiyil, 2020), which can in turn lead to vicarious trauma, while under-empathising can result in negative emotions such as guilt and poor motivation. This can also have a detrimental impact on how professionals work with children and families.

Experiencing secondary trauma in a non-supportive environment can affect individuals and undermine team working environments, leading to:

- increased absenteeism
- impaired judgment
- low motivation and poor quality of work
- reduced critical thinking skills
- greater staff friction
- high levels of staff turnover.

(Osofsky, 2012; Quinn et al., 2018)

Table 1 - Trauma and stress in the workforce (adapted from Trauma Informed Oregon, 2018)

Burnout	The cumulative psychological strain of working with many different stressors. It often manifests as a gradual wearing down over time.
Vicarious trauma	The cumulative effect of working with children and families who have experienced trauma.
Secondary traumatic stress	Professionals' subclinical or clinical signs and symptoms of PTSD that mirror those experienced by trauma clients, friends, or family.
Compassion stress/fatigue	The stress of helping or wanting to help someone who has experienced trauma.

Burnout or vicarious trauma can be exacerbated if social workers have experienced their own traumas or adversities in the past and/or if they feel unsupported by the organisation (Tanner et al., 2019; Treisman, 2019). Additional pressures resulting from heavy workloads can also amplify burnout and contribute to high turnover rates (McFadden et al., 2019).

The impact of COVID-19

Professionals' experiences of vicarious trauma is likely to have been exacerbated during the COVID-19 pandemic. Many will have felt isolated and disempowered at some point during the pandemic and lockdowns. Some may also have lost loved ones, including family members, friends and colleagues, as well as people whom they support.

Although the pandemic is a universal experience, it is not experienced in the same way by everyone. People 'who belong to marginalised or disadvantaged groups are less likely to have buffers, such as secure housing, stable employment and strong social support, to shield them from the full force of the traumatic event and its aftershocks' (Centre for Mental Health, 2020 p. 3). People who have already suffered distressing experiences (for example, abuse, neglect, discrimination, oppression) are also at increased risk of further traumatisation (Centre for Mental Health, 2020).

At the time of publication (February 2021), it is still the midst of the pandemic and the long-term impact for children, families and the workforce is, as yet, unknown.

However, the disproportionate death toll among black and minority ethnic communities has increased recognition of the inter-related nature of inequalities and health, and the cumulative ways in which multiple forms of disadvantage and discrimination (for example, class, race, gender, disability) intersect (Hankivsky and Kapilashrami, 2020; Marmot et al., 2020). For further information on aspects of personal and social identity which result in different levels of power and privilege see Partridge, 2019: **Social-GGRRAAACCEEESSS-and-the-LUUUTT-model.**

Social workers' responses to having to work in new ways during the pandemic have been mixed, with some positive and some negative experiences. Of particular note is having fewer opportunities for informal conversations and debriefs about the families they are working with. Such conversations are essential for containing the emotions resulting from the increased vulnerabilities of children and families during the pandemic, and also as a result of years of austerity.

For some, the support that has been offered by colleagues and managers has ameliorated social workers' feelings of loneliness and isolation, but this has not been the case for others (Baginsky and Manthorpe, 2020; Ferguson et al., 2020). A survey by Community Care suggests that social workers feel increasingly negative about working at home (see: **'Before, there were peaks and troughs – with Covid it's relentless': social work eight months into the pandemic | Community Care**, December 2020).

Systemic racism

Systemic racism, brought into sharp focus by the murder of George Floyd, also has the potential to be traumatic. *'Racial trauma, or race-based stress, refers to the events of danger related to real or perceived experience of racial discrimination'* (Carter, 2007, in Comas-Díaz et al., 2019, p. 1).

Racial trauma encompasses one or more of the following elements:

- Emotional injury that is motivated by hate or fear of a person or group of people as a result of their race.
- A racially motivated stressor that overwhelms a person's capacity to cope.
- A racially motivated, interpersonal severe stressor that causes bodily harm or threatens one's life integrity.
- A severe interpersonal or institutional stressor motivated by racism.

(Bryant-Davis, 2007, in Pieterse, 2018)

These do not need to be experienced as life-threatening, but can include having a hostile work environment, experiencing verbal assaults, being denied services, and being racially profiled. Families living in racially and economically segregated communities also have to cope with the effects of historical trauma and intergenerational racism (Pieterse, 2018).

Black and minority ethnic social workers may also be subject to covert and overt racism when working with families with whom they are trying to build a relationship, which can exacerbate other negative racial experiences (Brockmann et al., 2001). Three films exploring the impact of racism on professionals in social care – *Let's talk about racism* – can be found here: **https://practice-supervisors.rip.org.uk/landing-page/trauma-attuned-system/**. Further resources are also listed at the end of this briefing.

Responses to traumatic experiences

When professionals and organisations feel unsafe, they may start operating in 'survival mode' to protect themselves from painful feelings. This can have an impact on the ways practitioners think and act, leading them to respond in an 'overly emotional or irrational way' (Grant et al., 2020, p. 38). Organisations themselves can also be vulnerable to stress and become traumatised. This can lead to practices that induce (rather than reduce) trauma, resulting in a trauma-driven culture that operates in 'survival mode' (Treisman, 2021).

Examples of operating in survival mode (at both the individual and organisational level) include being:

- reactive or crisis driven
- avoidant and/or numb
- defensive dysregulated
- hyper-vigiliant
- or frozen.

(Treisman, 2018; Treisman, 2019; Treisman, 2021)

It can also result in high staff turnover, which can, in turn, have an adverse impact on the continuity of relationships between professionals and families (Ravalier and Boichat, 2018).

Children and parents who have experienced trauma may respond in a similar way. Practitioners need to be aware of this in order to work effectively and responsively. It is particularly important to acknowledge the impact of the pandemic and lockdown measures on children and families, and their increasingly complex needs as a result of this (Best Beginnings, 2020; Centre for Mental Health, 2020), especially where support services (for example, mental health, domestic abuse, drugs and alcohol) have been reduced (Allwood and Bell, 2020).

Supporting (or being unable to support) children and families whose needs are heightened as a result of the pandemic is likely to increase the emotional toll amongst professionals, with the potential for increasing levels of vicarious trauma.

It is beyond the remit of this briefing to discuss frontline trauma-informed practice with children and parents, but further information can be found in the following:

- Taggart (2018) provides a fuller discussion of trauma-informed approaches with children and young people - **www.researchinpractice.org.uk/children/publications/2018/august/trauma-informed-approaches-with-young-people-frontline-briefing-2018**
- Taggart et al. (2020) summarise practice to reconceptualise parental non-engagement - **www.researchinpractice.org.uk/children/publications/2020/february/reconceptualising-parental-non-engagement-in-child-protection-frontline-briefing-2020**
- Townsend (n.d.) provides a summary of what survival looks like at home for children and young people and how they can be made to feel safe - **https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf**

The values and principles associated with trauma-informed organisations

Becoming a trauma-informed and responsive organisation is not only about 'being nice' or promoting workforce wellbeing. Although these are important, trauma-informed practice is about understanding the theoretical basis that underpins the approach and using this to look at everything through a trauma-informed lens (Treisman, 2018).

The following underpinning principles and values (the 4 Rs) are key to becoming trauma-informed:

- **Realises** the widespread impact of trauma, stress and adversity and understands potential pathways for recovery.
- **Recognises** the signs and impact of trauma in staff, and children and families.
- **Resists** re-traumatisation.
- **Responds** by embedding knowledge about trauma into policies and procedures, language, culture and practices.

(SAMSHA, 2014)

The following table (adapted from Treisman, 2018) sets out in detail the framework of values and principles associated with trauma-informed organisations, alongside some reflective questions for strategic leads to consider when scoping current practice, as well as for tracking their progress. The values and principles are applicable not only to the organisation and the workforce, but also to the ways in which professionals work with children and families. They are not exhaustive or prescriptive and leaders need to tailor these to the local context.

Table 2 - Values and principles of trauma-informed practice (adapted from Treisman, 2018)

Value and principle	Examples of reflective questions for strategic leads to consider
Trust and multi-layered physical and emotional safety.	> How does the organisation support staff safety? Are moral, relational and emotional safety and wellness plans in place? Are there designated safe spaces and forums for staff to reflect on their work? How does the organisation recognise and respond to workers and teams in distress? Do staff feel safe to speak up and respectfully disagree? > Do staff understand the factors that might increase or decrease children and families' feelings of trust and safety and how this might affect their behaviour? How do staff respond to distress in children and families? What processes are in place to minimise re-traumatisation? > How do staff feel about the service and environment they work in? Would they be happy using the service themselves or recommending it to family and friends?

Value and principle	Examples of reflective questions for strategic leads to consider
Relationship-focused.	> How is relationship-based practice promoted, within the workforce and in the work with children and families? Are services humanised and relational? > How do teams/the organisation support staff cohesion and morale?
Integration and connection.	> How are people supported to feel connected to each other, to the work and to the organisation. > What opportunities are there for collaborative learning? Are resources and examples of good practice and language shared? > Are different approaches and models of practice within the organisation integrated and connected with theory?
Acknowledging and celebrating strengths and skills.	> How are staff's strengths and skills recognised and celebrated? Are strengths reflected in all forums (for example, team meetings, assessments, referral forms, performance reviews)? > Are there processes in place to recognise and celebrate the strengths and skills of children and families? > What messages of hope and inspiration are displayed in the organisation (for example, posters, blogs, magazines)? How are these messages conveyed to children and families?
Cultural humility and responsiveness.	> How is the intersection of multiple identities (for example, age, gender, religion, race, sexuality, class, ability) acknowledged and responded to, in both the workforce and the work with children and families? Do forms and reports accommodate for how someone self-identifies? > How are unconscious bias and inequalities responded to? Is there a space or forum for staff to reflect on their assumptions around culture and identity? > How are power and privilege acknowledged and responded to? Is there an understanding of historical and intergenerational trauma and is this embedded in training and development? > What opportunities are there for children and families to discuss their experiences and have an input into how services are delivered in a culturally sensitive way? How does the organisation work with and learn from key people in the community?

Value and principle	Examples of reflective questions for strategic leads to consider
Agency, mastery, choice and voice.	> How does the organisation support skills development? > What are the mechanisms for obtaining and responding to feedback from the workforce and people receiving services? > Are people with lived experience involved in and helping to lead service design? Are they seen as the expert of their own experience and as agents of change?
Communication, collaboration and transparency.	> Do staff have a clear understanding of the organisation's mission and values? How does the organisation share information? How effective is this? > Is the language used when working with children and families respectful, balanced, non-judgmental and sensitive? How can you make it more accessible, jargon free and trauma-informed? > Is there collaboration and cross-sector working within and outside the organisation?
Compassion, empathy, reflectiveness and curiosity.	> How are compassion and empathy interwoven, modelled and felt across the organisation? > Is there space and time for staff to reflect on the complexity and impact of their work with children and families? Does this include reflection on the perspectives of children and families? > Are there specific policies and procedures in place to support staff after a traumatic experience or loss of life (for example, death of a child or parent)?
Behaviour is communication.	> Are staff aware of what need or purpose certain forms of behaviour might be trying to communicate and what the triggers to the behaviour might be? Are they supported to think about who the person behind the behaviour is? > Which of your values and beliefs are challenged by the behaviour and what is your response to it?

Becoming a trauma-informed organisation

Becoming a trauma-informed and responsive organisation can be conceptualised as a 'journey' which takes time and can potentially be 'messy' (Treisman, 2018, p. 30). It involves a whole system approach and an ethos that runs through the organisation and that is modelled by leaders.

The following road map, produced by Trauma Informed Oregon, illustrates the pathway to becoming a trauma-informed and responsive organisation - from initial recognition and awareness of trauma-informed care to adopting trauma-informed policy and practice. Clicking on any of the bubbles on their website will take you to more detailed information and resources about the different phases.

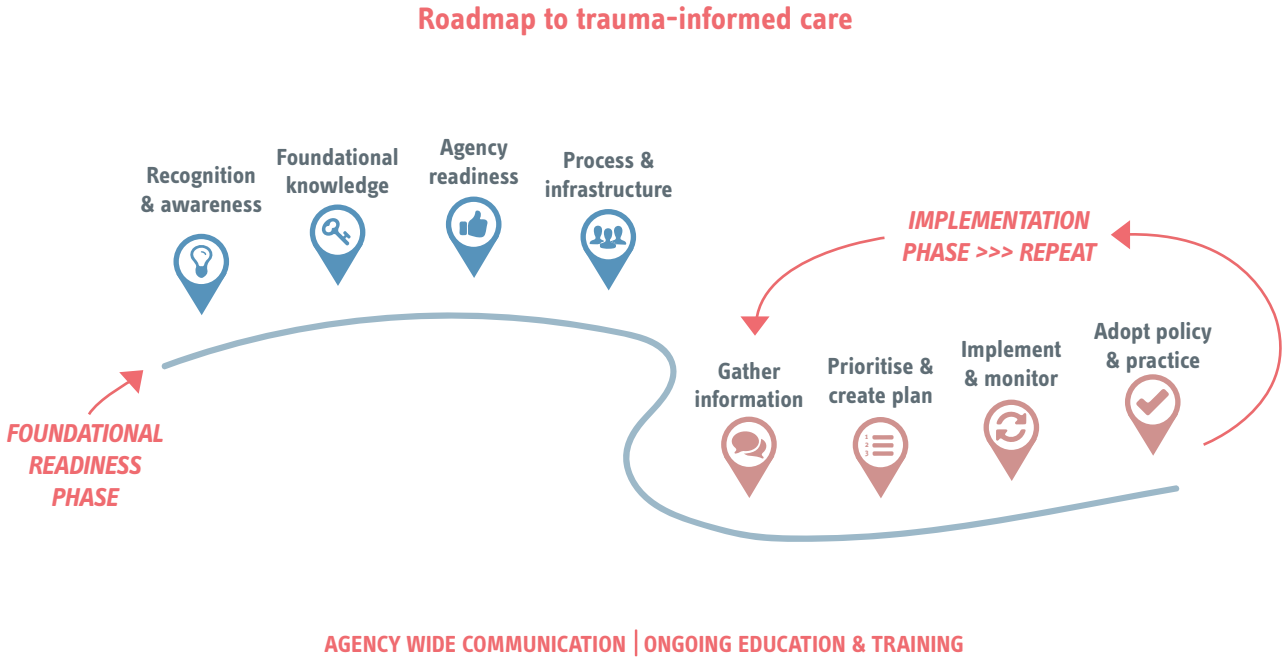

Figure 1: Roadmap to trauma-informed care, adapted from Trauma Informed Oregon: TIO | Road Map to Trauma Informed Care

A summary of the phases to becoming a trauma-informed and responsive organisation are detailed in the following table (Trauma Informed Oregon, 2018). It should be noted that an organisation may be at different stages of the journey for different work streams. For example, they may have developed ways of working with children and families that are trauma-responsive, but be at the trauma aware stage with regard to policies that relate to staff wellbeing and addressing vicarious trauma.

Table 3 - The different phases to becoming trauma-informed and responsive
(Adapted from Trauma Informed Oregon, 2018, *Trauma-informed care screening tool*)

Phase	Descriptors
Trauma-aware	> An individual/group within the organisation understands the need for trauma-informed care (TIC) and are able to advocate for this, using data to validate it.
Trauma-sensitive	> Foundational knowledge: All staff have basic information and training about TIC and can apply the knowledge and skills. > Agency readiness: Leaders and staff are committed to making TIC a priority and model the approach. > Process and infrastructure: Policies and processes that support TIC are integrated into the organisational culture.
Trauma-responsive	> Gather information: Organisations use information and data to identify current practice and opportunities for TIC and measure progress in implementation. > Prioritise the approach and create action plans: Policies and procedures are reviewed with a trauma lens and the work plan is developed and monitored.
Trauma-informed	> The plan is implemented and the impact is monitored. > Changes are reviewed and modified as needed.

The starting point for developing a trauma-informed organisational approach is creating trauma awareness. **The following provides an example of how champions at the grassroots level are promoting trauma-awareness and trauma-informed practice in agencies in Plymouth.**

Plymouth Trauma Network

The Plymouth Trauma Network was established in 2018 as a grassroots movement by a small group of statutory and third sector professionals, some with lived experience of services, who realised there was a lack of system focus at meetings about children's exposure to adverse childhood experiences and the wider impact of trauma. The network started from a reflective place, sharing the existing research evidence, and focusing on the values of a trauma-informed approach. This culminated in them producing a document to raise awareness and provoke wider discussion: **www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf.**

The network is comprised of over 200 people from a diverse range of settings. The role of the network is to raise awareness of trauma-informed practice in agencies and communities across the city. A lived experience sub-group is central to the developing network approach. Members of the network have received training on trauma-informed approaches and, in turn, deliver training to organisations.

Trauma-informed approaches have started to be adopted in some areas of service delivery, but this is at an early stage of becoming embedded at a strategic level (although the network has delivered training for cross-agency strategic leadership teams at a local, regional and national level). The network has helped to initiate system change within the Safer Plymouth Community Safety Partnership and the Plymouth Safeguarding Children Partnership. Members of the group are currently in discussion with Plymouth Council to develop a trauma-informed charter for the city.

(Summary from a meeting with a member of the network, October 2020)

Developing a vision and culture of trauma-informed practice across the organisation

Establishing a framework

Many of the leadership principles and qualities associated with strengths and relationship-based approaches also apply to a trauma-informed approach. It is important that there is buy-in to any new framework of practice that is introduced, at all levels of the organisation, and that leaders demonstrate the benefits (and challenges) of the approach.

Leaders have a key role to play in establishing a vision for how trauma-informed practice will be delivered and promoted, and in maintaining the momentum of implementation. This includes:

- Regularly communicating what is meant by trauma-informed practice within the context of the organisation.
- Articulating how the values and principles of trauma-informed practice can be translated into work with children and families, how practitioners will be supported to do this, and how organisational barriers will be removed.
- Incorporating and modelling the language and practice that reflects a trauma-informed approach across all policies, procedures and practice.
- Assessing and evaluating the process of implementation and the extent to which the approach is being used in practice.

(Adapted from Godar, 2018)

One of the first steps in developing and embedding a trauma-informed approach is identifying 'champions' in the organisation and scoping current trauma-informed approaches and practices to ascertain:

- what the organisation wants to achieve
- what is currently in place
- where the gaps are
- actions needed to address gaps
- how to develop and implement the vision and culture.

(See Table 2 on page 7 for examples of questions that might be asked.) It might be helpful at this stage to commission expert training and consultation, and to work with other organisations that have already begun their journey to becoming trauma-informed and responsive. Guidance on completing an agency self-assessment can be found in resources on the **Trauma Informed Practice Resources** website.

Many organisations will have already embedded a vision and ethos of relationship and strengths-based working with children and families, and a trauma-informed approach might be seen as an extension to this. This approach may be particularly helpful if there have already been recent systemic changes to frameworks and practice and where further change would risk 'initiative fatigue' and lack of engagement across the workforce (Godar, 2018).

The following example from Brighton & Hove City Council illustrates how they have integrated a trauma-informed approach, which has relationship-based practice at its core.

Brighton & Hove

Brighton & Hove's *Vision for Children's Social Work* is underpinned by relationship-based practice. They have identified a number of approaches which are consistent with the overall model of relationship-based practice - including trauma-informed practice, strengths-based approaches, systemic practice and attachment.

There is a lead for each of the approaches, as well as links to tools and training. **The five key principles underpinning their trauma-informed approach are:**

- safety
- trust
- collaboration
- choice
- empowerment.

It includes a core, enhanced and specialist training pathway, which incorporates learning on primary, secondary, transgenerational and vicarious trauma and working. This is implemented in a sensitive and relationship-based way to support resilience and recovery.

(From documents provided by Brighton & Hove City Council)

Implementing and embedding the approach across the organisation

A clear implementation strategy and plan can help sustain motivation and commitment when introducing a new practice framework (Godar, 2018). It is important that leaders clearly define their mission and engender a sense of collective ownership and belonging (Grant et al., 2020). **The following example from Salford City Council shows how the vision and strategy for trauma-informed practice has been developed and implemented there.**

Salford City Council

Salford City Council has developed a *Trauma-informed and resilience-focused strategy*, and is in the process of developing an action plan based on this. The strategy ***'sets out the overarching vision and road map to develop trauma-informed systems to mitigate the impact of trauma'*** and puts relationships at the heart of everything they do. The strategy sets out the national picture around adverse childhood experiences, but also contextualises this to create awareness of the need for the approach in Salford.

The trauma strategy is a core element of the transformation agenda in Salford and across all areas of the People's Directorate. It sits alongside the neglect and inclusion strategies, which means that there is interconnectivity across the system. It includes the following areas:

- **Workforce:** Plans for training to build staff confidence and understanding of adverse childhood experiences (for example, developed a range of lunch bowl sessions, resources and materials, distributed e-learning packages, and facilitated a conference).
- **Partnerships:** Collaborative action plan across systems and partnerships.
- **Adults/parents/families:** Promoting the health and wellbeing of parents.
- **Communities/neighbourhoods:** Recognising and building on the wider assets of the adult, child and family.

The strategic lead for the work is part of the integrated commissioning team, which focuses on innovations and invest to save models. The drive for introducing the trauma-informed strategy comes from the strong vision of the Director of the service and through empowering the strategic lead to draw on her knowledge around trauma-informed work from previous roles.

(From discussion with a senior manager and summary of Salford City Council *Trauma-informed Resilience Focused Strategy* document, October 2020)

It is of note that the lead for the trauma-informed strategy in Salford is based in the integrated commissioning team. When services for children and families are commissioned, there is generally a requirement to measure outcomes (Godar, 2013), which can be a challenge in relation to trauma-informed approaches. Trauma-informed practice will vary across organisations and the outcomes used to monitor progress need to reflect this and take account of the fact it may not be able to monitor 'success' using 'traditional' methods.

For example, persistence in trying to engage and build a trusting relationship with a child and family is far more difficult to measure than, for instance, whether a parent attends a parenting programme. Salford Council noted that *'sometimes we measure what is important for us, but sometimes we need to think about what's actually important...we are not there yet with trauma-informed commissioning, but we are empowering staff to stick at it [trauma-informed practice]'* (interview with senior manager in Salford, October 2020).

While workforce training and development in new practice frameworks is important, one-off training courses are insufficient to ensure that they are adopted in practice: *'Practitioners need to be introduced to new ideas, given opportunities to use them in practice, and reflect on those experiences with their peers and managers'* (Godar, 2018, p.19).

Implementation research shows that, **for training to be successfully translated into practice, attention needs to be paid to ensuring that:**

- the workforce is competent
- there is organisational support for new skills and new ways of working
- there is effective leadership to support the embedding of new skills and ways of working.

(NHS Education for Scotland and Scottish Government, 2020)

The following example from the Scottish Government sets out their approach to developing a trauma-informed service and workforce across the country.

The Scottish Government

The Scottish Government is committed to developing a trauma-informed service and workforce, and has developed the Scottish Psychological Trauma Training Plan (for further information see www.transformingpsychologicaltrauma.scot/media/w3hpiif4/nes-national-trauma-training-programme-training-resources.pdf).

The Plan sets out three key areas for implementation for trauma-informed organisations and communities:

- A competent workforce.
- Organisational support.
- Effective leadership.

It provides guidance and tools to support:

- Workers, managers and organisations to identify their trauma training needs.
- Service managers and commissioners to develop or commission training to address the needs of their organisation and workers.
- Training providers to develop and deliver high quality training.
- An understanding of key principles to bear in mind when developing and commissioning trauma training.
- An understanding of organisational factors that will support and maintain the translation of training into practice (NHS Education for Scotland and Scottish Government, 2019, p.7).

The framework specifies four practice training levels:

- Trauma-informed
- Trauma-skilled
- Trauma-enhanced
- Trauma-specialist.

For further information on what each level entails see https://transformingpsychologicaltrauma.scot/media/5lvh0lsu/trauma-training-plan-final.pdf

As well as the national training plan, there is also a bespoke training plan and resources for leaders in recognition that trauma-informed and responsive practice can only happen in the context of trauma-informed and responsive environments, policies, systems and organisations.

Supporting workforce wellbeing and resilience

Organisations have a responsibility to put systems in place to address the possibility of vicarious trauma in the workforce (NSPCC, 2013), and also to promote resilience (Grant et al., 2020). Staff also have a responsibility for maintaining their own wellbeing and resilience. There are many definitions of resilience, but more recent research has tended to move away from notions of resilient individuals to one that forefronts a dynamic process influenced by the social, environmental and economic context (McFadden et al., 2019; Rose and Palattiyil, 2020).

Having an ethos that promotes trauma-informed practice and resilience means that support for the workforce is integral to the overarching culture. Leaders have a crucial role to play in developing psychologically healthy workplace cultures to manage work-related stress and prevent the development of vicarious trauma. This includes:

- **Recognition and prevention:** Recognising the impact of exposure to pain and trauma; identifying signs of stress in practitioners at an early stage; and working with teams and human resources to develop appropriate interventions and adjustments to improve working conditions.
- **Training and development:** Access to appropriate training to reduce stress at individual and team levels.
- **Support:** Being aware of the different ways stress can manifest and the need for support to be targeted according to individual need; encouraging open discussions of secondary traumatic stress; creating a safe, non-punitive environment; providing adequate supervision (Grant et al., 2020; Osofnsky, 2012).

The following provides an example of the trauma-informed work that has been done to support staff wellbeing and resilience in East Sussex.

East Sussex County Council

East Sussex County Council has been focusing on worker wellbeing and supporting a resilient organisation for a number of years. They have been running a six-week mindfulness course and this has been reported by staff as the number one strategy in managing stress. An important strand of worker wellbeing is supporting teams to be resilient and there are very clear messages that it is the responsibility of the organisation to make sure that workloads are manageable and the best workers are recruited and retained.

East Sussex has developed a resilience manifesto which sets out what teams can do to support and care for each other; the signs that others are not coping; and the opportunities for teams to strengthen their relationships and collaborate to reduce stress. There is a specific social worker wellbeing page as well as the 'Little book of wellbeing', which includes routes to specific external mental health support for frontline workers, as well as an in-house offer. This is also promoted through a regular newsletter.

Safety training has been introduced to help with keeping workers physically safe when doing home visits. A more advanced course on de-escalation techniques, as well as physical safety when working with young people and adults who carry weapons or pose a high risk to themselves and others, is currently being developed.

East Sussex is starting to pull the strands together into a strategy for practitioners and managers. Threaded through this will be a focus on becoming an anti-racist organisation that recognises the trauma that staff and families face as a result of racism.

(From email correspondence and documents provided by East Sussex County Council)

Frontline practitioners may be unaware that they are struggling emotionally with the impact of the work they do. One way of coping with their anxiety might be to focus on 'tasks and targets' rather than exploring their emotional reactions. Thus, it is crucial to create reflective spaces as practitioners who are able to *'reflect on their thoughts, feelings and beliefs, who are able to consider the position of other people, and who can use their reflective abilities to communicate effectively with others [are] more resilient to stress and more mentally and physically healthy'* (Grant and Kinman, 2020, p. 10).

If practitioners fail to acknowledge the emotional demands placed upon them, it can impair decision-making abilities; increase the risk of compassion fatigue and trauma; and contribute to negative outcomes for children, families and adults (Grant et al., 2020). Thus, reflective learning needs to be embedded in the organisation, with leaders and managers modelling reflective practice personally, as well as encouraging it through supervision. This is of particular importance because there is a tendency in supervision to be task-focused rather than on enabling practitioners to explore emotions (Maglajlić, 2020). The Practice Development Supervisor Programme (**https://practice-supervisors.rip.org.uk/**) has developed a range of tools to support reflective supervision in child and family social work.

Ensuring practitioners have a 'secure base' (Biggart et al., 2017) is critical to a trauma-informed, resilience-based approach. It provides a sense of containment, protection, safety and feeling cared for as there are people practitioners can turn to within the team to help contain their emotions and moderate negative feelings (Grant et al., 2020). The physical elements of the secure base have been 'compromised' during the pandemic because of the need to socially distance and work at home. It is imperative that leaders and managers find alternative ways of facilitating reflective supervision and supporting the workforce emotionally during and beyond the pandemic. Virtual supervision in the context of COVID-19 is discussed in the following podcast: **www.researchinpractice.org.uk/adults/content-pages/podcasts/virtual-supervision-a-supervisors-perspective**
and accompanying blog:
www.researchinpractice.org.uk/all/news-views/2020/april/supporting-remote-and-online-supervision-during-covid-19

Addressing trauma in the context of a single critical incident

As previously discussed, vicarious trauma can arise following a single serious incident (for example, the death of a child). Serious incidents can lead to a professional experiencing trauma very quickly, especially if there is media attention and increased scrutiny on professionals and departments (NSPCC, 2013). A single serious incident can also be a tipping point for a professional whose long-term vicarious trauma has not been addressed.

Research by Horwath and Tidbury (2009, cited in NSPCC, 2013) found that professionals experienced feelings of guilt and worthlessness after a child's suffering was missed and the child died. They report that these feelings need to be fully addressed so that they do not affect the care given to other children and families.

Furthermore, a critical incident can send 'shock waves' through an organisation, which can lead to a *'perfect storm…that has the potential to bring adversity to an organisation. If not managed effectively, such situations can cause widespread damage – to individuals, the organisation and the profession'* (Grant et al., 2020, p. 87).

As with individuals, an organisation's response to the incident may be paralysis or panic. It is important for leaders to communicate information relating to the incident clearly, internally and externally, and also to make space for managing the crisis.

The following provides an example of how Brighton & Hove City Council is addressing vicarious trauma in the workforce following a single serious incident.

Brighton & Hove City Council

Brighton & Hove has produced a document which sets out the processes to support staff when:

a) Something significantly unexpected and traumatic happens at work (for example, disclosure of extreme abuse to worker; death of parent; high profile case in the media; abusive behaviour towards staff such as racism, sexism, homophobia).

and

b) When a child dies or is severely injured.

The document sets out the pathway to accessing counselling support via the confidential and independent employee assistance service that is offered 24 hours a day, seven days a week from a team of trained wellbeing and counselling practitioners. This telephone counselling is the pathway to accessing further 1:1 counselling, which is available to individuals and teams, with an emphasis on staff wellbeing.

The document also sets out the processes and practical matters if a child dies, including how staff will be informed of the death; considerations for attending the funeral; links to serious case review processes; the coroner's inquest. It also sets out the de-briefing and counselling support pathways which, in addition to the aforementioned counselling pathway, also includes support via small reflective space for core people affected; peer support from practitioners who have had previous experience of a child death; discretionary leave/time off work.

(Based on the Brighton & Hove City Council document *Support for staff, teams and PODS when something significantly unexpected and traumatic happens at work*, which was created collaboratively by staff at all levels of the organisation, led by the Lead Practitioner Chrissy Bulling.)

Conclusion and reflective questions

There is no 'one size fits all' for implementing and embedding a trauma-informed approach in an organisation, and the journey towards this is unlikely to be a linear process. However, the values and principles associated with a trauma-informed approach apply to all organisations. At the heart of this is leadership and a culture that values and promotes trauma-informed practice, and that has buy-in across the organisation.

The following questions are designed to support you in reflecting on trauma-informed practice in your organisation. They should be used alongside the questions in Table 2 on page 7, and other resources highlighted throughout this briefing.

Questions for reflection

- What is your organisation doing well in relation to implementing and embedding a trauma-informed approach? What needs to improve and what action will you take for this to happen?
- To what extent are trauma-informed principles and values embedded in the vision and culture of your organisation? Is there buy-in at all levels of the organisation? What do you need to do to sustain motivation and commitment to the approach?
- Do you have a workforce development plan that reflects different levels of trauma-informed training? Is there an expectation that all staff are trained in trauma-informed practice? How do you ensure the learning is infused across the organisation?
- Are staff wellbeing and resilience at the forefront of your HR policies? What processes are in place to make sure that all professionals are supported and feel physically and emotionally safe in the organisation? How do you provide additional support to staff who are experiencing distress?
- How do you model the values and principles of a trauma-informed, resilience-based approach? How do you model reflective leadership and management?

Useful websites and resources

- Trauma Informed Oregon: https://traumainformedoregon.org
- Safe Hands Thinking Minds: www.safehandsthinkingminds.co.uk/covid-anxiety-stress-resources-links
- Trauma Informed Practice Resources: https://padlet.com/k_hickle/TIpractice
- The Sanctuary Model of trauma-informed organizational change: www.researchgate.net/publication/242222586_The_Sanctuary_Model_of_Trauma-Informed_Organizational_Change/link/542539c40cf238c6ea73f0a3/download

Tools to support staff wellbeing, resilience and reflective learning:

- Tools for supervisors to support social workers in their team to be emotionally resilient: https://practice-supervisors.rip.org.uk/emotions-relationships-and-resilience/helping-social-workers
- Senior manager briefing on emotions, relationships and resilience in child and family social work: https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/01/PSDP_Senior_Managers-Briefing_emotions-relationships-resilience.pdf
- Resources to promote reflection in supervision: https://practice-supervisors.rip.org.uk/supervision/having-reflective-discussions-in-supervision

Social Work Organisational Resilience Diagnostic (SWORD):

- www.researchinpractice.org.uk/all/news-views/2020/october/assessing-social-work-organisational-resilience-and-wellbeing/#search-modal
- Blog to illustrate how the Social Work Organisational Resilience Diagnostic is being administered: www.researchinpractice.org.uk/all/news-views/2020/september/assessing-organisational-resilience-in-north-yorkshire
- The British Psychological Society guidance on reducing the likelihood of secondary trauma when taking trauma related work home: www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Taking%20trauma%20related%20work%20home%20-%20advice%20for%20reducing%20the%20likelihood%20of%20secondary%20trauma.pdf

Tools to promote cultural competence and to explore the cumulative and intersecting inequality related to race, ethnicity, poverty, religion and other marginalised identities:

- Developing cultural competence: https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Developing-cultural-competence.pdf

- Exploring diversity in supervision: https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Exploring-Diversity-in-Supervision.pdf

- Understanding the lived experience of black, Asian and minority ethnic children: https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/01/KB-Understanding-the-lived-experiences-of-black-Asian-and-minority-ethnic-children-and-families.pdf

- Building a trauma-attuned and socially just organisational system: https://practice-supervisors.rip.org.uk/landing-page/trauma-attuned-system

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