**Practice Note for all SCT Practitioners, Managersand Staff:**

**Trauma Informed Practice**

Trauma can be described as ‘a physical or emotional experience that has an adverse impact on a child, young person or adult’s wellbeing’ (Research in Practice 2018). As trauma can be experienced in different ways, for some individuals, the effect and impact can stay with them throughout their life whilst for others it might not always be significant or long-lasting. Adopting a trauma informed approach means working with families, in a way is responsive to these experiences, any impact and the support required. Trauma informed Practice is at the heart of Sandwell’s Practice Framework and Model and should be used alongside our Strengths (Signs of Safety) and Relationship based approaches.

Being trauma informed also recognises the complexity and emotional demands of our work and that staff within the workforce will have experienced adverse life events or trauma themselves. At the same time, that working with people that have experienced trauma can also increase our appreciation of their experiences, develop relationships, empathy and personal growth. Therefore, focusing on support and spaces for staff at all levels of our organisation to reflect upon our professional and personal experiences, how these inform our work with families to build resilience and promote wellbeing is crucial.

The purpose of this practice note is to explore what we mean by trauma and why this approach is so important and at the heart of our Practice Framework and Model. It will support us in thinking about how we adopt a trauma informed approach when working with children and families. Finally, the note explores how we use reflective spaces such as supervision to strengthen our trauma informed approach to practice. Practitioners will also be provided with some good practice points and further reading.

**What is Trauma?**

Trauma can be described as *‘An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening’* (Substance Abuse Mental Health Service Administration 2014, cited in Research in Practice 2018).

Understanding what trauma can mean, how this can be experienced individually, within families, networks and communities helps to consider how people can respond differently when working with them. This means that practitioners and agencies need to continually review and revisit the way they interact and make relationships with individuals and families that have experienced trauma.

Over the last 20 years, the awareness of trauma has progressed incorporating knowledge from attachment theory, child development, cognitive memory, neuro-science and toxic stress responses. Frameworks of practice have changed from purely bio-medical (medicine and psychiatry) and/or purely psychoanalytical (psychology) models to now include the psycho-social (trauma-informed) and a recovery focus (recovery-oriented).

Trauma-informed practice recognises the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people. In doing so, it enables us think about the range of responses by families that might be triggered due to trauma such as anxiety, fear, conscious, emotional dysregulation, unconscious processes, defence mechanisms which might be linked to previous and current experiences. It also helps us to think about our own responses as practitioners.

When considering type**s of Trauma, they are generally divided into different sub- types:**

**Type 1** sometimes referred to as ‘event-based trauma’ are usually one off or single events which occur unexpectedly and whilst many will not suffer long term implications it can be linked to Post Traumatic Stress Disorder (PTSD). These experiences may include (but are not limited to); a violent/sexual assault, traumatic loss, witnessing a terrorist attack, hospitalisation, medical trauma, childbirth and severe illness.

**Type 2** is known as complex trauma and consists of multiple or repeated events over time. Complex trauma describes trauma which may have been experienced as part of childhood or early stages of development. It can also describe trauma experienced as part of an interpersonal relationship where someone might feel trapped emotionally or physically. They may also feel as if they have been coerced or powerless to prevent the trauma. This includes: childhood emotional abuse, domestic abuse, bullying at home or school, abandonment, physical emotional sexual abuse and or neglect.

**Intergenerational Trauma** refers to experiences characterised by psychological or emotional difficulties which can affect different communities, cultural groups and generations. Adaptive coping patterns can be passed intergenerationally. Examples might include: racism, slavery, forcible removal from a family or community, genocide.

**Adverse Childhood Experiences (ACEs).**

Adverse Childhood Experiences (also known as ACEs) is used to describe stressful or difficult experiences in childhood. The ACEs research study conducted by Feletti et al 1998 and the Centre for Disease Control and Prevention looked at ten childhood adversities including six forms of abuse and neglect and four forms of household dysfunction. Researchers identified that these experiences within attachment relationships were likely to have lasting affects on a child throughout the various life stages and predicted poor adult outcomes linked to emotional, social and health difficulties in adulthood if four or more ACE’s were evident.

Critiques of ACEs identify that it can be applied in a deterministic way which means that it suggests a causal link between the number of early childhood experiences and poor adult. In addition to this, ACE’S focus on the individual and their family rather than also the wider social/structural inequalities impacting on parenting such as poverty, homelessness, racism. Our Practice Framework and Model supports practitioners to think how trauma and its effects is experienced by individuals differently, uses ACES as possible factors to consider whilst considering the impact of adversity and structural inequalities.

**Why is adopting a trauma informed approach so important and at the heart of the practice framework and model?**

* Recognising the potential impact of trauma upon development particularly upon their ‘psychological and physical health and wellbeing (Felitti et al, 1998) for some children, young people or adult’ requires the right type of support for recovery. If unresolved, for some individuals, it can lead to unhealthy coping strategies, emotional and mental health difficulties and can be linked to Post Traumatic Stress Disorders.
* Adopting a trauma informed approach and ‘lens’ means that as practitioners we are more aware, attuned and responsive to the experiences and needs of our families as well as our own. This means that our approach is likely to be more sensitive to these difficulties, enabling us to us strategies to work with a range of feelings and emotions. As practitioners, it helps us to focus on how we **create safety, trust, choice, collaboration and empowerment when working with individuals and families**.
* Interventions undertaken with families using relational and trauma informed approaches are more likely be sensitive to people’s unique lived experiences, based on the perspectives of the families, collaborative, foster trust whilst being more effective. In doing so, it recognises strengths, resilience and creates opportunities for survivors to rebuild a sense of control and empowerment
* Recognising that the effect and impact of trauma is unique to individuals means developing our understanding of how it is experienced in the context of their culture, identity, family, community and wider society. It also means that it is an approach that considers adversities, structural inequalities and factors such as Covid-19, Black Lives Matter and #MeToo movements can help to develop our cultural competence.
* Adopting a trauma informed approach means as practitioners rather than using terms such ‘hard to reach’ or non-engaging’ that we are ‘failing to engage’ them. It is our responsibility to take a proactive approach with the family and their network to recognise, understand these barriers and identify strategies for overcoming them.
* By adopting a trauma informed approach within our organisation means that we continuously create spaces to think about of our work within supervision and support sessions (see reflective spaces section). It also means that the support is provided to increase wellbeing and reduce staff experiencing ‘burnout’ and secondary and vicarious trauma.

**How does the Practice Framework and Model support our practice to be Trauma Informed?**

Using Daniel’s case study, Charmaine Daniel’s SW will briefly illustrate how she used a Trauma Informed approach with some parts of the Practice Framework and Model and how this helped both him and his mum tell their story.

Daniel is a 14-year-old dual heritage boy (white British/black Caribbean). His mother Kendra Clarke is black Caribbean and his father, Mr Campbell white English. Mr Clarke was 20 years older than Ms Clarke. Daniel lived with his parents until he was 4 and experienced chronic neglect due to being exposed to domestic abuse and substance misuse. Daniel and his parents moved on several occasions and was known to Dudley, Sandwell and Birmingham.

He went to live with his Maternal Grandmother from the age of 4 until he was 13 years old and had intermittent contact with his parents. When Daniel’s Grandmother suddenly passed away and Daniel went back to live with his mother who had separated from Mr Campbell. Ms Clarke’s was also known to Children’s Services as a child due to being exposed to high risk domestic abuse and was looked after from the age of 14 and met Mr Clarke two years later. A Single Assessment is being undertaken due to concerns about Daniel’s emotional health and wellbeing, his behaviour particularly his angry outbursts and that Ms Clarke is struggling to care for him.

Prior to visiting the family, reviewing Daniel’s file, understanding the reasons for involvement is important. Both for Daniel and his mother, using a trauma informed approach requires being sensitive to their experiences and within them beginning to build a relationship. Using ‘the 3 basics of practice’ helps us to think about the process maps, practice guidance and standards that inform the work at this stage of our involvement.

**How Charmaine, Social Worker used a Trauma Informed Approach when undertaking Daniel’s Single Assessment?**

**Using ‘the 3 Hearts of Practice and Intervention’ (strengths, relationship based and Trauma informed):**

When I was building my relationship with Daniel and Kendra, you could see that they were in shock and grieving for their nan. Reading about the trauma they experienced is nothing like seeing how they felt and understanding the impact from their perspective. I knew even my visit needed to be carefully managed.

I talked to Kendra for a while over the phone and checked out whether she wanted someone there with her. When I visited, I saw lots of emotions, anger, sadness, tears and maybe a little bit of relief. I just listened, acknowledged how they felt and was empathetic. We talked about my role, reasons for my involvement, even the SW on EastEnders and what they can expect to get from the service. Right from the beginning, I was clear with them it was important that we talked about any worries as they happened.

We planned the visits and work together and talked about how they might feel. Kendra talked about feeling like she would be judged, that I was there to tell her that she was a bad mum. Kendra was worried about ‘history repeating itself’. I talked about using a strengths-based approach which became a bit of joke with them. They said that I found strengths in things they hadn’t thought about!

Doing a cultural genogram with Kendra and Daniel helped to build the relationship and tell their story based on a real understanding of their culture and identity. We did work together on their life history and I got a real sense of how it impacted on them. I knew whatever I did I needed to be careful about triggering difficult memories, but they also knew that I would listen.

With Daniel, it took a little longer to build our relationship, first he wasn’t there, when I visited, then he left the room and then let me sit outside his room with the door open. I knew that so much had changed for him and that we needed to do things at his pace. When he realised that I like gaming too we did that together.

I worked hard to develop their trust, it was tough at times. They know that we need to work through this together and if I do something they are not happy with, I’ll put it right. We are getting there and have moved onto the maintaining and sustaining stage of our relationship. I think it was because I did what I said and we all want things to be better for Daniel.

**How Charmaine, Social Worker used a Trauma Informed Approach when undertaking Daniel’s Single Assessment?**

**Daniel’s participation**

I talked to Daniel about what his participation meant and why it was so important. We talked about the 4 x I’s (a) s part of his assessment and through his participation he could shape his plan. I it was important for Daniel to see that what he thought, said and felt mattered.

One time we talked about the different characters when gaming who they were what they represented and then talked about his identity and being a dual heritage young person. We talked a lot whilst gaming and the two things he wanted having contact with his dad and wanting to talk to his mum about missing his ‘nan’ but was worried about upsetting her.

**Understanding Daniel’s journey**

I really spent time thinking about Daniel’s journey through services with him, Kendra and on my own. During a visit, I used the picture of the child’s journey to explain where we were and hoped to get to in terms of permanence. Daniel’s journey through services was more complex than I thought and whilst it evidenced the trauma experienced it also highlighted their resilience. Information from Early Help, Birmingham and Dudley was helpful.

**Knowledge and Skills statements**

Using the KSS, just helped me to think about my work with Daniel and Kendra particularly in relation to **relationships,** attachment, separation, loss and nd **effective direct work** with them. I never thought that I would use my gaming skills as, but it worked with Daniel. **Communication** was important, and I was really mindful about what and how things were said. They saw how I continued to be respectful even when they were really upset.

**Daniel’s development** and his relationships were also a focus particularly in terms of separation, loss and parenting provided and the impact on his emotional health and wellbeing. The KSS about **Daniel’s assessment** and the **analysis decision making and planning** helped me to think about all the elements needed. I talked to Daniel and Kendra about us developing the plan using their words.

**Intervention Aids**

Throughout, I focused on ‘lighting Daniel’s light bulb’ to think about how we were going to make a difference. I thought about the interventions needed to create the energy, processes and recognised and responded to potential barriers. The building blocks helped me to consciously think about the development and quality of our relationship, whether they were enabling. We also talked about what things would look like when I am not involved.

By using a Trauma informed approach, the practitioner was able to develop enabling relationships with Daniel and Kendra which through several direct work sessions enabled them to tell their story.

**Daniel’s story**

People just irritate me all the time. My ‘nan’ was strict and old school. She said that adult issues should be for adults. It meant that everyone else knew that she was ill, before I did, and I didn’t find out until a few weeks before she died. I knew something was happening, mum kept on coming around and I would hear her get upset.

It feels weird living here with mum. I haven’t dreamt about my nan, but I keep on thinking about living in different houses and the police coming. It has made me think about my dad. I want to see him.

Everything is different, Mum is trying, and she says she is struggling and trying her best. I get worried about her and don’t want her to know how much I miss my nan. When I go to school, I’m keep on getting into ‘beef’ even with my friends. What if I go into care?

I didn’t want to spend time with Charmaine, SW at first. I just thought she wanted to ask questions. She kept on coming around and talked to me outside my room at first mainly about gaming stuff. I beat her twice and she said was good. Sometimes when we are gaming I want to talk about stuff sometimes I don’t.

# Daniel’s identity and his role within the family in the absence of a male role model. This could be linked to his association with older males in the community as well as consideration to his age and stage of development. By understanding the root cause, we can begin to make sense of the presenting concerns.

**Kendra’s story**

I’ve been worried and stressed ever since Charmaine became involved, but I was really struggling. I just don’t want to be judged. I know that I wasn’t always there for Dan when he was little, but I am now. My mum wasn’t always there for me, but she did good by Dan. I can’t believe she has gone. I always spoke to her when I got upset. I miss her.

I’ve not been sleeping, and I just worry about whether I can do it. Dan was little when I looked after him, now he is a teenager and I’m getting to know him again. When Dan gets upset, he says I’m nothing like his nan. So much has happened in the last few months.

I’m worried that I am going to let him down and loose him all over again. I don’t think I could go through that all over again it really crushed me, and I was using lots at the time. He is the same age as I was when I went into care and then I met his dad.

Charmaine talked to me on a level. I get what she is saying. I gave her a really hard time when she started cos I thought it was going to be all about the bad stuff. It does feel like she wants to help, and she can see I am trying……… Let’s see.

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Although Daniel stayed in the Kendra talked about her fears about ‘history repeating iteslf’ that she was 14 when she was

Made her think about being a parent, sent back into the past

In Birmingham and

She also explained that she had two miscarriages and feels that her lifestyle contributed towards it.

Ke

Kendras

Using a trauma informed approach and other parts of the Practice Framework and Model helped Charmaine develop her relationship with Daniel and Kendra and understand their experience from their perspective. Charmaine’s focus on building trust, safety, choice, clarity, collaboration and empowerment. Further work was undertaken in relation to engaging Daniel’s father, understanding the family network, and information from partner agencies. In doing so, the assessment and the analysis was strengthened as it was informed by their stories and what they felt would make a difference to them.

**Adopting a trauma informed approach in Supervision and other reflective spaces**

Using spaces such as supervision is important to strengthen our approach to trauma informed practice enabling case reflection and discussions on the emotional impact of the work being undertaken. Due to the uniqueness of the experience and impact, using supervision to reflect on relationships, feelings and behaviours helps us to work through how we might feel when faced with traumatic experiences.

Using the reflective questions in the Practice Framework and Model (pages 49-50) linked to trauma informed practice helps us to think about work with children, young people and their families These can be used with the reflective questions about Relationship Based Practice (pages 48-49) to think about how we build and maintain enabling relationship.

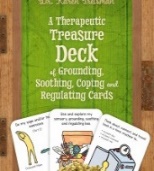
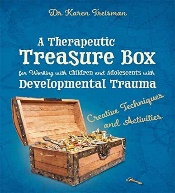
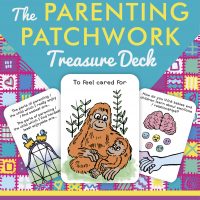
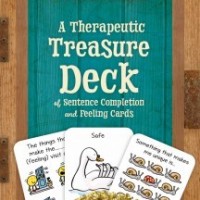
Adopting a trauma informed approach to supervision ensures that it provides a form of ‘containment’, for practitioners to reflect upon our feelings that can emerge and provide us with a way of managing these. It enables a proactive approach to be taken to reduce the effect of working with trauma and the likelihood of vicarious or (secondary trauma) within work and our own personal lives. Secondary trauma refers to the impact on staff working with traumatised children, young people and their families. In Sandwell, practitioners can access a range of support that can be discussed with your Manger and via the Wellbeing Intranet page. Accessing support from your Manager, peers, through accessing training through the core offer are all ways that we can continue to develop our ability to recognise and respond in a trauma informed way with our families and in organisation.

**Good Practice Points**

When undertaking assessments, developing plans, updating and reviewing them, using the Practice Framework particularly the ‘3 hearts of Practice’ and intervention are important to ensure we work in a relational, strength based and trauma informed way.

People affected by trauma and their children should have their immediate needs for safety identified at the earliest possible opportunity, so they can be protected from further harm.

* Keeping the conversation safe, contained, and connected to how the individual is currently feeling. Practitioners do not need to know the details of the trauma experience to provide trauma-informed care.
* When there are difficulties in engaging individuals and families, take a proactive approach to think about the barriers and identify strategies for overcoming them.
* Developing your self-awareness and ability to recognise one’s own reactions to trauma and where this may affect our response and the how you can access support.
* Direct work tools created by Dr Karen Treisman are available and can be used as part of our trauma informed interventions to support practitioners.



* Practitioners need to give careful consideration to what tools and resources are used when developing positive relationships as part of this approach.

**How can I evidence this work on the child/young person/young adults file?**

* Upload onto documents, direct work undertaken with the child, young person and their family to understand the trauma they have experienced and the impact. Use impact chronologies, Cultural genograms, life work and tool such as the Karen Treisman resources.
* Use Trauma Informed reflective questions in the Practice Framework Booklet within Supervision to reflect on the experiences and the impact on individuals within the family.

**Further information and reading**

* Practice notes relating to the Introduction to the Practice Framework and Model Stregths and Relationship Based Practice, The Practice Framework and Model Booklet, on the Learning and Development Pages.
* Practice Learning Workshops on Working with ‘Non-Engaging families, Partners and Partnership working and Attachment and Attachment Styles.
* Wellbeing hub/ TIP Champions Group on the Intranet.
* Felitti, VJ, Anda, et al (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258 Sweeney et al paper TI care find
* <https://youngminds.org.uk/media/3091/adversity-and-trauma-informed-practice-guide-for-professionals.pdf>.
* https://www.ccinform.co.uk/practice-guidance/attachment-based-trauma-and-parenting/
* SAMHSA’s guidance for a trauma-informed approach.
* Van der Kolk, B, (2015) The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, Penguin.

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