Gofal Cymdeithasol **Cymru**
Social Care **Wales**

Trauma-informed approaches

An evidence summary

October 2023

Trauma-informed approaches

Trauma-informed approaches are ways of working that recognise the impact of trauma on individuals and families and understand potential paths for healing. These approaches have received growing attention in Wales recently.

In this summary, we highlight relevant and up-to-date research on trauma-informed approaches and their place in social care provision in Wales.

Headline summary

Benefits of trauma-informed approaches for children and families

- Reduces the risk of further trauma
- Improves well-being
- Better engagement with services
- Improves family relationships

Benefits of trauma-informed approaches for practitioners

- Increases knowledge and confidence
- Improves relationships between colleagues
- Increases job satisfaction

Features of trauma-informed approaches

- Recognise the impact of practitioners' own trauma
- Build positive relationships between practitioners and families
- Draw on peer support

The Trauma-Informed Wales Framework: Four levels of support

- Everyone in Wales should be aware of trauma and its impacts
- Everyone providing care and support should be 'trauma-skilled'
- Practitioners working directly with people experiencing trauma should be 'trauma-enhanced'
- Specialist interventions should be in place to support people impacted by trauma

What do we mean by trauma-informed approaches?

When someone experiences traumatic events or circumstances that are harmful or life-threatening, this can affect their future experiences. A relatively new area of practice development focuses on understanding how an individual's past trauma may be presenting in the current difficulties they're having (Wallace, 2020).

People working in social care might already be using trauma-informed approaches, but under a different name like 'psychologically-informed' practice or 'person-centred' care.

Practitioners and organisations are at different levels of understanding and implementation when it comes to trauma-informed approaches. Some practitioners may work in ways that they believe are trauma-informed. But trauma-informed practice needs organisation-level commitment and training, and people have different levels of training and skills to support their practice. Other practitioners will be applying some of the principles of trauma-informed approaches without necessarily using that term to describe their practice.

However, there can be problems with focusing on trauma. It's important to remember that (Bath, 2017):

o   not everyone will have experienced trauma

o   not all challenges individuals face will be traumatic

o   trauma is not the only 'lens' we should use to consider the care and support people need

o   the 'label' of trauma can have negative effects on how a person feels about themselves.

That said, when people have experienced trauma and it's not taken into account by services and practitioners, people might not get the support that's right for them. There's a risk that some people who need support won't get it, as they may be resistant or reluctant to access services (Fenney, 2019).

Although trauma-informed approaches will look different in different organisations, there are four elements that are central to all trauma-informed practice (SAMHSA, 2014):

1. Realisation of the impact of trauma: understanding how trauma affects people, and how people's behaviour fits into the context of past trauma.

2. Recognition of the signs and symptoms of trauma: practitioners know how to recognise the various lasting impacts of trauma.

3. Responding to trauma by integrating knowledge about it into policies, procedures and practice.

4. Resistance against re-traumatisation: changing or adapting practices that lead to the unnecessary triggering of painful memories and emotions.

Successfully providing trauma-informed support requires a multi-agency approach and isn't the sole responsibility of one organisation or group of practitioners. It also needs an organisational culture and leadership that allows practitioners the flexibility and time to put these approaches into practice, which may not always be in place (Knight, 2015).

Successfully providing trauma-informed support requires a multi-agency approach
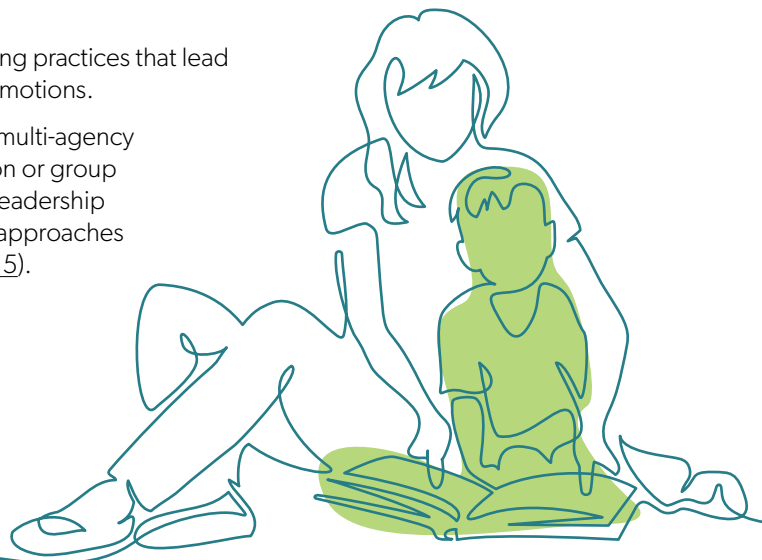
Key terms

When trying to understand and learn more about trauma-informed approaches, there are some common terms you might come across:

Trauma – Trauma affects people differently, and there are many ways to define it. The Trauma-Informed Wales Framework (2022) describes trauma as any experience that's "unpleasant and causes, or has the potential to cause" distress and anxiety. Alternatively, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) defines it as an event or series of events that have "lasting adverse effects" on a person's functioning.

Trauma-informed approaches – Ways of working that recognise the impact of trauma on individuals and families and understand potential paths for healing (Trauma-Informed Wales Framework, 2022).

Strengths-based approach – A way of working that's incorporated into trauma-informed approaches. It focuses on an individual's strengths, abilities and resources, rather than their problems or things they can't do or don't have.

Adverse Childhood Experience (ACE) – ACEs are stressful experiences that happen during childhood that either harm a child directly (like abuse and neglect), or affect the environment they live in (like living in a household with domestic violence or drug abuse). People with ACEs are more likely to develop health-harming behaviours than people without ACEs (Bellis *et al.*, 2015).

The risks relating to ACEs aren't definitive and can be reduced. There's evidence that having access to a trusted adult in childhood can reduce the impact of ACEs, making it less likely that a person will develop health-harming behaviours and lower mental well-being in adulthood (Bellis *et al.*, 2017). There's also evidence that compulsory education can play a significant role in reducing the effects of ACEs (Hardcastle *et al.*, 2018).

Secondary trauma – People who work with individuals suffering abuse and neglect can be exposed to frightening and stressful situations. This can lead to secondary trauma, sometimes called vicarious trauma. This can also be caused by listening to accounts of abuse and neglect. Understanding secondary trauma and supporting members of staff appropriately is a key part of trauma-informed approaches, which can then improve working environments for staff and increase job satisfaction (Sweeney *et al.*, 2018).

Trauma-informed approaches in Welsh legislation and guidance

Trauma-informed approaches have been used more widely in Wales over recent years. This is partly due to the Welsh Government's decision to prioritise tackling ACEs, given the high levels of ACEs in the Welsh adult population (Welsh Government, 2021; Belis *et al*,, 2015).

In response, the Welsh Government established the ACE Support Hub. The ACE Support Hub produced a Trauma and Adverse Childhood Experience (TrACE) Informed Organisations Toolkit (2022) for professionals and organisations to reflect on their current practice and develop a more trauma-informed approach in future.

In 2022, the Trauma-Informed Wales Framework was published. This framework is supported by the Welsh Government and was developed in co-production with people and organisations across Wales. The framework seeks to support trauma-informed practice and, in turn, trauma-informed communities across Wales and encourage consistency between the communities and organisations using it.

> Trauma-informed approaches have gained traction in Wales in recent years
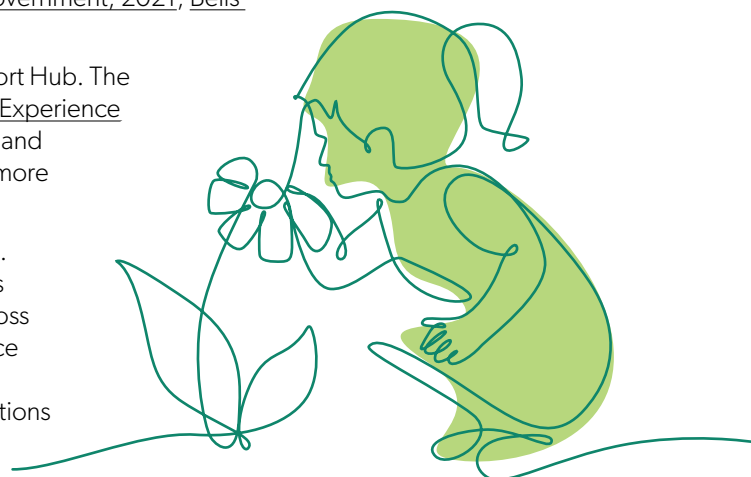
Do trauma-informed approaches work?

Benefits for people receiving care and support

Despite trauma-informed approaches being a relatively new concept, there are some examples of positive outcomes for people who use care and support.

One example is the **Barnardo's Baby and Me** service in Newport, which has reduced the number of babies under 14 days old entering care by 48 per cent since 2019 (Research in Practice, 2022). The Baby and Me service uses a trauma-informed and relationship-based approach to supporting pregnant mothers who are at risk of losing care of their baby in public family law proceedings. Mothers using the Baby and Me service have an individual support worker who supports them to overcome barriers to successful parenting and offers help to engage with other services. The service also involves a group-based parenting programme, where parents have the opportunity to meet others who've had similar experiences to them (Barnardo's, 2022).

There are benefits for people who access care and support in taking a trauma-informed approach, including:

- **improved well-being and engagement with services** (Asmussen *et al.*, 2022)

  When practitioners have a deeper awareness of trauma and a better understanding of people's needs, people who use care and support are happier with the service they receive. They feel less judged and more motivated to engage with services. In the longer term, people are more resilient and there's a permanent reduction in trauma

- **improved family relationships** (Bunting *et al.*, 2019)

  Trauma-informed approaches support relational and emotionally intelligent practice. They support positive communication with children and families and encourage practitioners to take a more informed view of behaviour that can be seen as 'challenging'. This then reduces caregiver stress. Trauma-informed approaches can also improve caregivers' ability to support their child and improve general family safety and well-being, leading to better relationships between parents and their children

- **minimised risk of re-traumatisation** (Gaffney *et al.*, 2021)

  Trauma-informed approaches make sure people who use care and support don't have to re-tell their story too many times to different people unnecessarily, avoiding the triggering of painful emotions. Trauma-informed approaches also make sure people who use care and support don't feel judged when explaining their experiences. This can help avoid the negative emotions that can come with telling people about traumatic events, such as shame.

While these studies find some benefits for people who use care and support from trauma-informed approaches, there's limited robust evidence that shows improved outcomes for people in the UK (Asmussen *et al.*, 2020).

Benefits for practitioners

Trauma-informed approaches can improve practitioners' experiences of their work. A study of the use of trauma-informed approaches in youth offending teams in Wales showed that training in trauma-informed practice increased workers' confidence in identifying trauma and providing the right support. Workers also felt more supported by their organisation to apply trauma-informed practice to their work (Glendinning *et al.*, 2021).
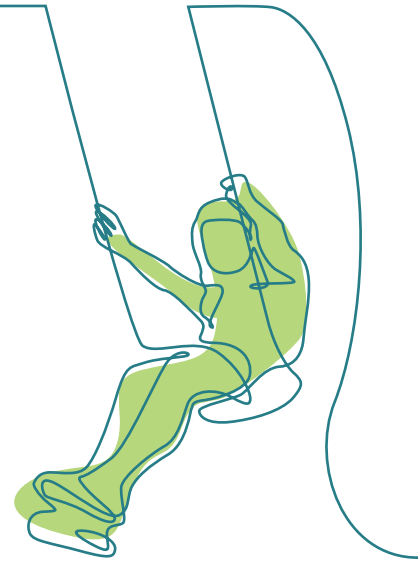
There are examples of positive outcomes

Trauma-informed approaches can also improve practitioners' experiences by leading to:

- **higher job satisfaction** (Asmussen *et al.*, 2022)

  Knowing the principles of trauma-informed approaches and putting them into practice can improve the quality of practitioners' work and their job satisfaction. This is because when work is more effective it's also more rewarding, and practitioners feel more supported in their practice.

- **better relationships between colleagues** (Asmussen *et al.*, 2022)

  Knowledge and use of trauma-informed approaches help practitioners develop empathy and improve trust between colleagues. Learning about trauma-informed approaches can also be a reflective experience, encouraging practitioners to reflect on their work relationships and organisational culture.

- **knowledge development** (Jupp Kina and Stevens, 2022).

  Learning about and putting trauma-informed approaches into practice provides an opportunity for practitioners to expand their expertise and improve their practice. Using trauma-informed approaches significantly improves practitioners' confidence to help address and support children's behaviours and emotions.

Key principles of trauma-informed approaches

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an American organisation that's a leading producer of research and information on trauma-informed care. SAMHSA lays out six key principles of trauma-informed approaches (SAMHSA, 2014):

1. **Safety**

   Practitioners and people accessing care and support feel physically and psychologically safe during interactions.

2. **Trustworthiness and transparency**

   Service provision and decisions are carried out openly and without bureaucracy, with the aim of building trust between practitioners and people who use care and support.

3. **Peer support**

   Individuals with lived experience of trauma contribute to the services provided to people who use care and support, to help with establishing safety and building trust. Examples of this in practice are things like peer support groups and mentoring schemes.

4. **Collaboration and mutuality**

   Power imbalances between practitioners and people who use care and support are levelled out through the sharing of power and decision-making.

5. **Empowerment and choice**

   Service provision is strengths-based, and people using care and support are encouraged to share decision-making with practitioners and advocate for themselves and their needs.

6. **Recognition of cultural, historical and identity issues**

   Practitioners actively challenge any stereotypes or biases they might hold. Services recognise historic trauma and are sensitive to the cultural context and individual needs of people using care and support.
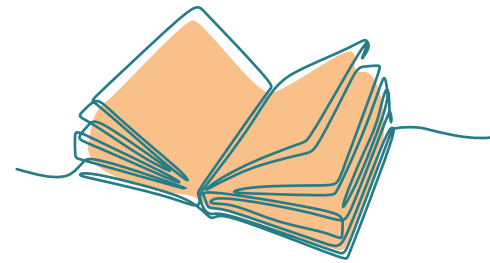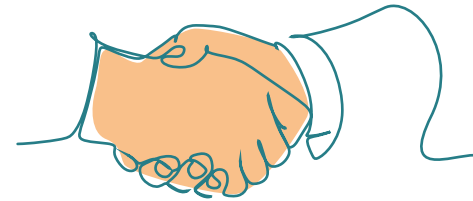
Research points to six key principles of trauma-informed approaches

What do trauma-informed approaches involve?

Understanding practitioners' own trauma

An important part of trauma-informed approaches is understanding the impact of practitioners' own experiences of trauma. Working with people who use care and support and listening to their stories of trauma can trigger a secondary trauma experience involving negative emotions and memories for practitioners. Trauma-informed approaches recognise that practitioners can use their trauma experiences to develop deeper levels of empathy with people who use care and support and improve their practice (Jupp Kina and Stevens, 2022).

Relationship building

Building relationships between practitioners and people accessing care and support is an important part of a trauma-informed approach. A positive, trusting relationship is key in providing a safe space where people using care and support feel able to open up about their experiences and begin to heal (Jupp Kina and Stevens, 2022).

There are three principles for building relationships in a trauma-informed way (Christie, 2018):

○ **Trust** – practitioners should do what they say they'll do, fulfil commitments and stay in regular contact with people who use care and support. This makes sure people using care and support feel that they won't be forgotten, and that they can share their feelings in their own time.

○ **Respect** – practitioners should listen actively, show they understand, and share control of the conversation with people who use care and support. This leads to people feeling they're valued, empowered and in control of their own support.

○ **Person-centred** – practitioners should give support over a long enough period to build a long-term relationship, where possible. Practitioners should support people to be 'equal partners' when setting the agenda for their support, and respond proactively when their needs change (Social Care Wales, 2022; Caulfield *et al.,* 2022). This can help people feel prioritised and valued.

Use of peer support

A key aspect of trauma-informed approaches is including other people with lived experiences of trauma in providing care and support. This is also known as peer support. It's related to the coproduction principle that's central to the Social Services and Well-being (Wales) Act 2014, encouraging individuals to become involved in the design and delivery of services.

Ideally this should happen at all levels of service provision: from programme design to delivery. An example of how this can work in practice is the Barnardo's Baby and Me service, where parents can meet other parents in a similar position to them at group parenting meetings.

Recognise the impact of practitioners' own trauma
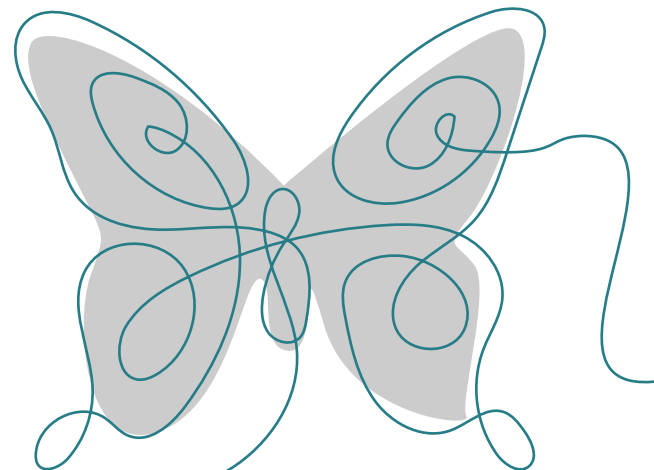
Working in a trauma-informed way: The Trauma-Informed Wales Framework

The Trauma-Informed Wales Framework (2022) has four practice levels, which describe the different roles people can play in supporting someone affected by a traumatic experience. The framework recognises that lots of people who experience trauma don't access formal treatment (nor, in many circumstances, do they need it), and instead they can get valuable support from practice levels below specialist trauma interventions. Each practice level is more specialist than the one before. The four practice levels are:

1. **Trauma-aware**

   This practice level covers the role of all members of Welsh society in raising awareness and developing their understanding of trauma. It highlights that "people in all communities have a role to play in preventing ACEs". It also shows the role of the community in responding to the impact of trauma through compassion and connection.
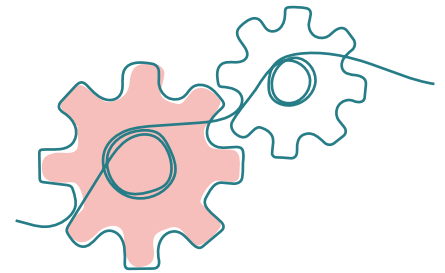
   Good practice at this level includes public awareness campaigns, open discussions around the factors that lead to trauma, organisations investing in training and developing trauma-informed policies, and raised awareness of intersectionality. A study on a trauma-informed community initiative in the United States showed how training diverse stakeholders (like school staff, local community leaders and parents) to become trauma-informed led to an increased feeling of hope for the future among the community (Champine *et al.*, 2022).
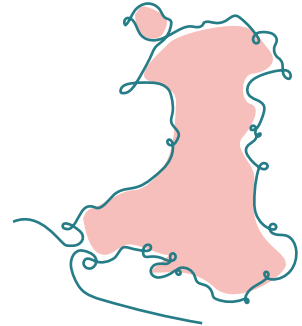
2. **Trauma-skilled**

   This practice level covers those who provide care and support directly to people who've experienced trauma. Most organisations and services in Wales that are in contact with the community will fall under this practice level.

   Good practice at this level looks at organisational culture, making sure it considers the impacts of trauma and has policies and procedures that reflect a workforce confident in their ability to respond appropriately to trauma experienced people. Systems also reflect on their capacity to cause trauma, and actively work to mitigate this. This part of the framework shows the importance of training and education in trauma for the social care workforce (Mersky, 2019).

3. **Trauma-enhanced**

   This practice level covers frontline workers who provide intensive, direct support to people with experiences of trauma.

   Good practice at this level includes support being available in the workplace for practitioners, making decisions about support with the people accessing it, and taking steps to prevent re-traumatisation. This level of practice also includes recognising cultural, gender and historical contexts of trauma. This is supported by recent research that shows the importance of practitioners being aware of, and sensitive to, a wide range of trauma types including the long-term effects of racism and other forms of discrimination (Han *et al.*, 2021).
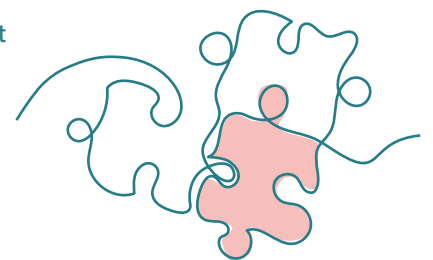
4. **Specialist interventions**

   This practice level covers people providing specific support for the consequences of traumatic events. This kind of support may include psychological therapies or medications.

   Good practice at this level makes sure people feel safe when accessing specialist support, and services use evidence-based interventions and a range of therapeutic methods. Practitioners at this level should also support those without clinical backgrounds to develop their own trauma-informed approaches (Diggins, 2021; Morago, 2010).
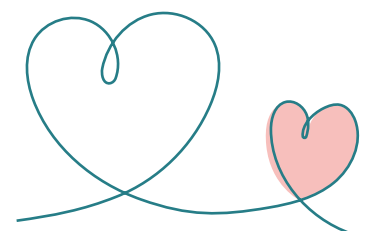
There are certain barriers that need to be overcome for social care practitioners to work in a trauma-skilled or trauma-enhanced way. Some of these barriers could be things like financial and time constraints or a lack of flexibility in the way an organisation allows its staff to carry out their work (Huo *et al.*, 2023). It's important for practitioners to consider these things when deciding how they can apply trauma-informed approaches to their work. Being able to work in a trauma-skilled and trauma-enhanced way relies on an organisation providing appropriate training and having a structure that incorporates trauma-informed approaches at every level.

What don't we know about trauma-informed approaches?

As trauma-informed approaches are a relatively new and developing area of research, there are still things we don't know. For example:

- we have limited evidence from research studies about the outcomes of people who've received trauma-informed services. This makes it difficult to know how effective trauma-informed approaches are. A review of interventions to support people with ACEs found significant gaps in the evidence base. Where evidence was available, it showed a focus on reducing psychological harm, and not on wider circumstances that can help to reduce the impacts of ACEs, such as improving social relationships (Lorenc *et al.*, 2020)

- trauma-informed approaches are done differently in different organisations and settings (Asmussen *et al.*, 2022). This makes it harder to compare and evaluate the overall effectiveness of trauma-informed approaches

- we don't yet know how practitioners' own experiences and identities affect how trauma-informed approaches are delivered. Anecdotal feedback from colleagues and wider communities is supportive of trauma-informed approaches.

Being able to work in a trauma-skilled and trauma-enhanced way relies on an organisation providing appropriate training

Additional reading

This is a list of the five most relevant resources to trauma-informed approaches in Wales that are either open access or freely available on the <u>NHS Wales e-library</u>.

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