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TRAUMA INFORMED APPROACHES TO IMPROVE FRONTLINE CRISIS SUPPORT

Context

Help through Crisis is a £33 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. It supports 69 partnerships across England which help people who are experiencing or at risk of hardship crisis to overcome the difficulties they are facing to plan for their futures. The partnerships bring together small voluntary groups and established charities to work together locally and offer people advice, advocacy and support which matches their personal circumstances.

The Help through Crisis learning, evaluation and support (LSE) team is a consortium of organisations commissioned by the National Lottery Community Fund to help build understanding and capture learning from the Help through Crisis programme. This is the second of a series of commentaries designed to share key learning from the programme with wider stakeholders and policymakers. It highlights evidence from the programme about the principles of a trauma informed approach and its relevance to frontline crisis support. The research involved eighteen case study visits to projects nationwide between October 2018 and April 2019, complemented by a short evidence review, and discussions with partnerships about trauma informed approaches at regional networking events.

Overview

Trauma is broadly defined as events or circumstances that are experienced as harmful or life-threatening and have lasting adverse impacts on aspects of wellbeing[1]. Many people experience trauma, including a significant proportion of those who access Help through Crisis (HtC) services. Trauma and its impacts can affect how people perceive and respond to support. A lack of understanding about trauma risks potentially re-traumatising people seeking support, as well as traumatising staff providing support[2]. As discussed in our previous policy commentary addressing staff wellbeing, staff can experience vicarious trauma through working with those affected by trauma. Ensuring staff wellbeing is an essential but overlooked issue in the crisis support sector. This suggests a need to consider a trauma informed approach (TIA) to providing crisis support, as this recognises the risks around trauma in a way that considers both service users and support staff.

A TIA broadly describes an approach that is grounded in an understanding of, and responsiveness to, the impacts of trauma on both people seeking and providing support services. Many HtC partnerships expressed an interest in developing fully trauma informed services. Though some partnerships felt that their work already incorporated elements of a TIA, there is no shared understanding of what a TIA is and how to effectively implement one. This policy commentary aims to draw attention to the potential role of TIAs in crisis support organisations. It provides some suggestions for how a TIA can be implemented and supported by leaders in crisis support organisations and funders of these services.

[1] Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Working Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: SAMHSA. Retrieved from: https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf [Accessed 11th July 2019].
[2] Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174-192.

Key principles of a trauma informed approach

A TIA is a strengths-based approach that is grounded in an understanding of, and responsiveness to, the impacts of trauma on both people seeking support services and people providing them[3]. It prioritises an individual's actual and perceived safety, supports staff wellbeing, and reduces the risks of re-traumatising people accessing frontline crisis support. This includes ensuring that service environments are physically, psychologically, socially, morally and culturally safe[4]. Furthermore, a TIA:

- **Realises** the widespread impact of trauma and understands potential paths for recovery;
- **Recognises** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- and seeks to **actively resist** re-traumatisation[5].

Evidence based on case study visits and other research with HtC partnerships suggests that frontline crisis support organisations could benefit from using TIAs to help them offer more appropriate support for people using their services. Importantly, this could enhance staff wellbeing by equipping frontline staff with the approaches and skills they need to improve the support they provide, and by recognising the potential for trauma in their own work.

An increasing number of organisations delivering frontline crisis support and mental health services in the UK and globally are integrating TIAs in their work. For example, My Sisters Place, a specialist domestic abuse service in Middlesbrough, has developed a trauma informed model of empowerment (TIME)[6]. Two examples from statutory services are NHS Education Scotland and the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). The former developed a National Trauma Training Framework[7], and the latter is a large mental health provider in Northern England with a programme to develop trauma informed services throughout its adult division[8].

Recommendations for crisis support organisations wishing to implement TIAs

The interest that HtC partnerships have demonstrated in trauma informed services reflects a need to dedicate more resources to facilitate the development of TIAs in crisis support organisations. Both senior leaders and funders can help by elevating TIAs within organisations.

Considerations for **senior managers** in large crisis support organisations interested in exploring and developing a TIA include:

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[3] Hopper, E.K., Bassuk, E.L. and Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*, 4, 80-100.

[4] Sweeney et al., 2016. Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174-192.

[5] SAMSHA, 2014. *SAMHSA's Working Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: SAMHSA. Retrieved from: https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf [Accessed 11th July 2019].

[6] See https://www.mysistersplace.org.uk/time for further details of the approach.

[7] Hammond, C. and Gardner, P. (2018). NHS Greater Glasgow and Clyde Trauma Informed Practice Training Needs Assessment: Final report and supporting action plan. Edinburgh: Rocket Science UK Ltd.

[8] Sweeney et al., 2016; Centre for Mental Health. (2019). *Engaging with complexity: Providing effective trauma-informed care for women*. London: Centre for Mental Health. Retrieved from: https://www.mentalhealth.org.uk/publications/engaging-complexity-providing-effective-trauma-informed-care-women [Accessed 11th July 2019].

- Providing leadership and clear communications strategies to generate wider organisational buy-in to consider TIAs, and guide the development of and transition to a TIA as appropriate;
- Engaging service users in the process;
- Dedicating the necessary resources to build capacity, train and support *all* staff on trauma and TIAs;
- Incorporating both short-term and long-term follow-up to monitor progress and address any issues that may arise[9].

Leaders of local crisis support organisations also play an instrumental role in developing and implementing a TIA because they have direct and frequent interactions with frontline crisis staff and people accessing services. Considerations for leaders of **local crisis support organisations** to effectively implement a TIA include:

1. **Planning** – this could include the formation of a trauma workgroup to lead and oversee the process.
2. **An initial training event** – staff and service users need to be trained on the principles of a TIA, how staff will be supported, how the approach will work in the organisation, future directions and implementation.
3. **Short-term follow-up** – the development of an implementation plan by the trauma workgroup, or organisational staff that champion the adoption of a TIA in the organisation, and further staff training.
4. **Longer term follow-up** – a review of progress and barriers to implementation. This could include, for example, building in TIA questions in service user experience surveys[10].

Funders also play a pivotal role in the implementation of TIAs through raising awareness about the importance of delivering trauma informed services. Considerations for **funders** include:

- Resource capacity building and training for organisations to explore the development of TIAs in their service;
- As TIAs develop, request that organisations indicate on grant applications how they will design and deliver services that use TIAs;
- Ensure organisational budgets include training for all staff on trauma and TIAs.

These recommendations provide a starting point for funders, HtC partnerships and other organisations delivering frontline crisis support services to consider developing and implementing a TIA. This will, in turn, improve service delivery by promoting the wellbeing of staff and service users.

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[9] Centre for Health Care Strategies. (2016). Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation. Trenton, NJ: Menschner, C. and Maul, A. Retrieved from: https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/ [Accessed 11th July 2019].
[10] Harris, M. and Fallot, R. (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco, CA: Jossey-Bass.

Appendix – further details of TIAs

Sweeney et al. (2016) have identified nine key principles of a TIA and suggest that organisational culture, service design, and service delivery should be aligned with these principles:

1) **Recognition** – A recognition of the prevalence, signs and impacts of trauma, which includes routine and sensitive enquiry about trauma.
2) **Resist re-traumatisation** – An understanding that operational practices, power differentials between staff and trauma survivors, and many other factors can be re-traumatising for all parties involved.
3) **Cultural, historical and gender contexts** – An acknowledgment of community-specific and historical trauma and its impacts, and tailoring services to be culturally and gender appropriate.
4) **Trustworthiness and transparency** – A commitment to open and transparent decision-making at the individual and organisational level to build trust with trauma survivors.
5) **Collaboration and mutuality** – An understanding of the inherent power imbalance between staff and survivors, and ensuring that relationships are based on mutuality, respect, trust, connection and hope.
6) **Empowerment, choice and control** – The adoption of strengths-based approaches that support survivors to take control of their lives and self-advocate, which can help cultivate feelings of empowerment.
7) **Safety** – The prioritisation of everyone's actual and perceived safety, physically and emotionally, which includes ensuring that service environments are physically, psychologically, socially, morally and culturally safe. This includes providing adequate staff support to help them do their jobs well.
8) **Survivor partnerships** – An understanding that mutuality, collaboration, peer support and the co-production of services are integral to trauma informed organisations.
9) **Pathways to trauma-specific care** – A commitment to supporting survivors who seek access to appropriate trauma-specific care. [11]

[11] Sweeney et al., 2016. Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174-192.