JUNE 2023

RAPID EVIDENCE REVIEW

Exploring the ways organisations use trauma-informed practice to support their workforce.

THE NATIONAL CARE FORUM
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Executive Summary

Skills for Care, on behalf of the Department of Health and Social Care (DHSC), commissioned the National Care Forum (NCF) to carry out a rapid evidence review. The evidence review set out to explore how organisations use trauma-informed practice to support the adult social care workforce, identify what best practice looks like, and gather information on trauma-informed organisations operating in the sector, with recommendations for future work. This report details our findings and recommendations.

Research Methods

In the research phase, we used two key methods to gather evidence:

1. **Desktop research –** we conducted a rapid literature review examining grey and academic literature relating to trauma-informed practice to support the workforce, as well as an organisational search identifying key organisations to signpost employees and employers.
2. **Stakeholder engagement –** we interviewed organisations that were aligned with the trauma-informed approach and/or had specialist services where staff were more likely to experience trauma due to the nature of the service.

We then analysed the evidence collected in the research phase of the project to develop a "what works well" document which details evidence of best practice and an organisation directory.

Please note that whilst there is a broad portfolio of approaches to trauma-informed practice for people more widely, this report is focused on approaches to supporting the workforce.

Key Findings – Understanding Trauma-Informed Practice

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

Key Findings – Implementation of Trauma-Informed Practice

1. **Trauma-informed practice was found to be applied by our interview participants based on 5 key areas of implementation**: 1. Leadership, 2. Policies and procedures, 3. Training, 4. Staff support and supervision, 5. Physical environment.
2. **Leadership matters:** Trauma-informed practice was modelled by organisation leaders who lead by example and cascaded and championed the approach. Leaders need to "buy-in" to the concept of trauma-informed practice, so they can support, reinforce, and keep the conversation around trauma-informed practice going. We found that the decisions to implement trauma-informed practice into an organisation were management/leadership driven.
3. **Policies & procedures are essential**: Ensuring that the appropriate policies and procedures are in place to support staff with their grief and trauma. Assessment tools may be used to evaluate current policies, but caution is advised so that this approach does not become a "tick-box" exercise.
4. **Training matters**: training was used by many organisations to teach different levels of the organisation about trauma-informed practice. There was dissatisfaction with the current offer of training (mostly external), leading to organisations developing their own training approaches.
5. **Models of supervision must be embedded**: Organisations invested heavily in supervision, specifically around clinical-based supervision to provide staff with support to manage their grief and trauma. Organisations also provided staff with many opportunities to communicate, reflect, talk about their personal feelings, and gain the benefits from social support. This was through groups, team support and trained professionals.
6. **The physical environment is also important**: The physical environment was important in providing a safe space for staff, but this domain of implementation was often overlooked. Organisations, when focusing on trauma-informed practice, usually prioritise the environment for people who draw on care and support and coproduce with people who draw on care and support and not their staff.
7. **Gaps remain in the evidence for and impact of trauma-informed practice** There were key gaps identified where additional evidence may be needed. These were: opportunities for evaluation and developing an evidence base and creating carefully planned training and tailored resources/support for both staff and organisations. There was also a need identified for trauma-informed trained specialists within organisations and dedicated funding to support this. Overall, there was a gap identified in the financial investment of trauma-informed practice in the sector.

Recommendations

1. **Adult social care employers could consider using trauma-informed practice as it is a useful avenue to support their workforce**. However, effective implementation has to be based on tangible actions that will have an impact and support the workforce, rather than buzzwords.
2. **Any introduction of trauma-informed practice into the adult social care sector has to be fully funded;** it needs proper resourcing to enable employers to be able to span the various domains

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

3. **Effective implementation across social care requires investment in qualified professionals to provide specialist trauma-informed support.**
4. **A comprehensive, publicly-available evidence base needs to be developed that features good practice examples of trauma-informed practice from social care and other sectors**. This should feature examples of explicitly defined trauma-informed practice alongside examples that could be considered trauma-informed but have not been carried out by organisations on a trauma-informed practice journey.
5. **Skills for Care should consider commissioning some cost-benefit evaluations**, to help identify the costs, the benefits, and the potential impacts for organisations and their workforce if they choose to implement trauma-informed practice.
6. **Skills for Care should connect with academics that are currently evaluating the practice that is in place** and encourage other academic partners to see how they can support trauma-informed practice evaluation.
7. **Skills for Care should use this research to gauge the appetite for tailored resources, training and any additional support** required for organisations within the adult social care sector to implement the trauma-informed practice and commission sector-appropriate tailored and coproduced resources.
8. **There should be a clear and realistic plan of engagement to showcase trauma-informed practice in social care** which outlines dissemination and impact.

Implementation of the above recommendations is outside the scope of the current study.

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Context

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

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

Project Aims

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

- Reviewed grey and academic evidence relating to trauma-informed practice around supporting the workforce, particularly exploring research, policy, and practice within the adult social care sector and in other sectors.
- Identified relevant organisations and support services available to social care workers for signposting purposes.
- Explored examples of interventions/resources that have helped organisations to create the right conditions to become "trauma-informed organisations".
- Evaluated how some employers have supported their employees to manage grief and trauma.
- Gained a deeper understanding of how trauma-informed practice can be defined and interpreted within adult social care and how it can be relevant to adult social care organisations and the workforce.
- Synthesised evidence to develop a "what works well" document including evidence of best practice and an organisation directory.

The methodology section outlines the approach to our research project, the methods we used to gather evidence, and the steps we took to analyse data.

Methodology

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

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

Scoping

During the initial scoping stage, we planned the details of the research and identified aims, outcomes and key deliverables. We also planned for Phase 2 (research) and 3 (data analysis). We established a roadmap for project delivery, splitting each phase into easily achievable tasks.

For the planning for Phase 2, we:

- Identified the parameters and keywords for the desk-based literature review
- Identified which sectors would be valuable to explore
- Established key stakeholders/organisations for the chosen sectors
- Identified the websites where we could access relevant information

Literature Review

A key focus of Phase 2 was our literature review. The review critically engaged with both academic and grey literature that discussed trauma-informed practice and related interventions that aimed to support staff and foster well-being. The review started with a wide scope by seeking to define trauma-informed practice. Then, once a definition was established, we proceeded to narrow its scope by seeking to understand the application of TIP in specific sectors. In particular:

- Adult social care
- Blue light services
- Hospice care
- Services that support refugees
- Homelessness and substance misuse services

Search terms and parameters – The review used a range of Boolean Operators, keywords, and phrases, as well as search parameters (such as dates and location of publication) to search for relevant literature. A list of search terms and parameters is available in Appendix A. Examples of search terms utilised include “Trauma-informed Practice” Trauma-Informed Approach” Trauma AND Well-being” “Trauma-

Informed Organisation*” and “Employee well-being”. Our search terms were explicitly widened beyond “trauma-informed practice” as this is not necessarily traditional terminology across the adult social care sector.

Databases and search engines – In order to access both academic and grey literature, the search terms were used on a combination of academic databases and search engines as well as arm’s length body and stakeholder websites.

Forward citation tracking – The review also utilised forward citation tracking as a method, finding relevant academic literature through bibliographies.

Ultimately, the review engaged with hundreds of websites, academic journal articles, blogs, and reports, resulting in over 50 resources and publications with relevance to the project at hand.

Organisational Search

Another component of Phase 2 of the research was the organisational search. This involved research into key organisations in each sector that offer information on trauma-informed practice. We identified that, for social care, there were organisations that offered resources for employees to support their well-being, grief and/or bereavement and there were also organisations that offered support to employers to become trauma-informed and/or support their workforce to manage their grief and trauma.

We evaluated the social care organisations and compiled a summary table of resources to signpost employees to, and a summary table for employers to find out more about trauma-informed practice. These tables can be found in Appendix C and D.

Stakeholder Interviews

The final component of Phase 2 of the research was stakeholder interviews. We conducted 10 semi-structured virtual interviews with organisations that we identified during the organisational search as being aligned with the trauma-informed approach and/or had specialist services where staff were more likely to experience trauma due to the nature of the service. These organisations can be split into the following categories:

- Membership organisations: organisations that have a general overview of their respective sector and the latest developments in policy.
- Multi-agency organisations: organisations that have a role in influencing/implementing the best practice relating to trauma-informed practice. These organisations may operate in a specific locality or support organisations globally.
- Care and support providers: specialist service providers from different sectors

For each organisation, we spoke to an individual with specialist knowledge of the organisation's approach to trauma-informed practice (whether it was defined as trauma-informed practice or not).

More information about the sectors we explored and the organisations we interviewed is presented below.

Homelessness

- Stonepillow: a specialist homeless support provider operating in Chichester, Arun and across West Sussex with services including hostels, recovery services, day centres and therapeutic centres.
- Homeless Link: a national membership charity for organisations working directly with people who become homeless in England.

Hospice Care

- Hospice UK: a national charity for hospice and end-of-life care.
- Marie Curie: a national charity providing care and support to people living with a terminal illness and those close to them.

Social Care

- Scottish Care: a membership organisation that supports independent sector and third sector voluntary providers in Scotland.
- Hestia: a London charity that works together with adults and children in crisis to change their lives at the times when they most need support.

Multi-Agency Organisations

- Trauma Informed Lancashire: a multi-agency initiative to support public and third-sector services in becoming trauma-informed in Lancashire.
- Trauma Informed Plymouth Network: a network of more than 70 professionals with insights on how trauma can affect people. This network is exploring a system-wide approach to tackling trauma and is also part of the European alliance of trauma-informed cities and communities.
- Trauma Informed Torbay: this organisation is involved in a programme of work that aims to support organisations to embed trauma-informed practice and cultural change in Torbay.
- Trauma Treatment International: a charity that set out to improve access to trauma treatment for the survivors of collective violence.

During the interviews, we used an interview guide (See Appendix B) that we created during the scoping stage and adapted with information gathered from the literature search at the beginning of Phase 2. This guide was focused on our four key questions:

- Key Question 1: What is trauma-informed practice?
- Key Question 2: What does it take to become a trauma-informed organisation?
- Key Question 3: How is trauma-informed practice applied in each sector?
- Key Question 4: How do employers support their employees to manage grief and trauma?

Data Analysis

The research data was collated, summarised and synthesised. The stakeholder interviews and the literature review were analysed using qualitative content analysis, exploring the key themes in trauma-informed practice relating to organisational and staff support.

Findings – Understanding Trauma-Informed Practice

What is trauma-informed practice?

Key Finding 1 – Trauma-informed practice is part of a spectrum (diverse range) of well-being

Trauma-informed practice was developed out of work in the USA, in particular, the seminal Adverse Childhood Experiences Study (Felitti et al., 1998). Since then, key academics such as Maxine Harris and Roger Fallot (Harris & Fallot, 2001), Sandra Bloom (Bloom, 2013) and Karen Treisman (2018) have pioneered TIP literature over the past two decades. Based on the models they developed, TIP is now widely understood to be: *"A model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological, psychological, and social development."* (Paterson, 2014).

Trauma-informed Practice
Throughout its history, trauma-informed practice literature has focused on people who draw on care and support . Despite this, there has always been a recognition that supporting and training staff is vital. Contemporary academics highlight the increasing importance of compassionate leadership, trauma-informed supervision and peer support for staff, particularly within areas such as health and social care (Addis et al., 2022; NHS Education for Scotland, 2021; SAMHSA, 2014). Academics called for a trauma-informed response throughout the COVID-19 pandemic to support staff with their well-being (Billings, J. et al., 2021; Green et al., 2021).

Trauma Informed Oregon (2016) outline some key risk factors related to workforce stress and vicarious trauma. They are:

- **Personal trauma history:** An employee's history with adversity can place employees at risk of re-traumatisation.
- **Length of Employment**: Employees who are new in the field or new to hearing stories about trauma and adversity without warning or coping strategies are at greater risk for work-related stress.
- **Always being empathetic:** Employees who feel like they have to always be empathetic or "always on" are at greater risk – this is particularly relevant for care workers.
- **Isolation:** Isolation is another related risk factor, and throughout COVID-19 the risk of isolation became significantly more profound.

The discourse indicates that organisations that do not support their workforce and do not actively enable their workforce to build resilience and "take care of themselves", run the risk of exposing staff to secondary traumatic stress, vicarious trauma, and burnout, all of which will inhibit their ability to provide high-quality care.

Participants' understanding of Trauma-Informed Practice

All of the interview participants had a general understanding of TIP. They identified the core concepts of kindness, compassion, and empathy as the foundations for TIP. Trauma-informed practice was identified as part of a spectrum (diverse range) of well-being, one that enables organisations to help their staff cope with difficult days and difficult operating environments. What they believed was key to understanding what trauma-informed practice is, was the recognition of what trauma is. Trauma is subjective (Taylor, 2019). Trauma itself was identified as a term that could mean different things to different people, for example, an event that may be traumatic to one person may not be considered traumatic to another. Both the literature review and the interview participants told us that trauma can manifest in many situations, not just within the work environment, it may also occur in a staff member's personal life.

It was important, therefore, for organisations to recognise the interrelated nature of trauma, what trauma could mean in their particular context, how it comes about and how it impacts on their staff and not just their clients. Only when these factors have been recognised can an organisation conceptualise trauma and begin to understand what TIP is and how they can use it to support their workforce.

Key Finding 2 – Trauma-informed practice is a journey, not a destination

For some of the interview participants, TIP was considered a journey, a pathway, which had a need for continual reflection, commitment, and adequate resourcing. For these participants, there was an understanding that an organisation can never be 100% trauma-informed, as the whole process of trauma-informed practice was a journey, not a destination. The phrase trauma-informed was also contested by one interview participant who suggested that trauma-aware would be more appropriate terminology as you can't be trauma-informed after a week of training. The findings from our stakeholder engagement mirror the themes from our literature review. The discourse suggests that TIP is a journey, "a fluid, ongoing process, with no completion date" (Taylor, 2019, p.16).

Various frameworks conceptualise the trauma-informed journey. For example, Trauma Informed Oregon (2016) have produced a roadmap that divides the journey to being trauma-informed into four key phases. Organisations move from being trauma aware, to trauma- sensitive, trauma-responsive, and trauma-informed. Lancashire Violence Reduction Network (2020) are an example of adopting this framing in their "4 Steps" Approach.

Trauma-Informed Journey

Scotland's "Knowledge and Skills Framework for Psychological Trauma" (NHS Education for Scotland, 2017) and later their Trauma Informed Practice: Toolkit for Scotland (2021) adopts an incremental approach. Each tier is attainable by reaching a certain level of practice and by accumulating specific knowledge and skills. It focuses on non-hierarchical roles (any current job role could specialise), describing multiple 'tiers' of specialisms including:

- Trauma Informed
- Trauma Skilled
- Trauma Enhanced
- Trauma Specialist

The literature review found many additional phased approaches; with each approach having its own unique method of moving towards a trauma-informed way of working (Taylor, 2019; Lancashire Violence Reduction Network 2020; Trauma Informed Oregon, 2016). There was also acknowledgement within the literature that "different individuals, teams and departments within organisations may be at different 'phases', at different points in time, along their trauma-informed journey." (Lancashire Violence Reduction Network, 2020).

This mirrors our findings in the stakeholder engagement phase of the project. The interview participants displayed varying opinions on how well TIP had been embedded in their respective sectors and organisations. An awareness was shown by all that they would not consider their organisations fully trauma-informed. Some consider their organisation to be at different stages in the phased approach (trauma-aware, trauma-sensitive, trauma-responsive, trauma-informed). It was also apparent from the interview participants that different departments within the same organisation could be at different stages in the journey, and different services from the same organisation could also be at different stages on their journey. This variance, the literature indicates, is often due to the different ways in which services are funded, staffed and supported to implement a trauma-informed approach (as well as who was leading on TIP within individual organisations) (Bargemen et al., 2022).

Key Finding 3 – Tangible acts and actions matter more than terminology

TIP was coined by many of the interview participants as a "buzzword" and a "label." In general, much like the term trauma, TIP was regarded as a term that was open to interpretation by different groups in society. An example of this was the suggestion that TIP could be used as a term that would upskill the workforce for those in the homelessness sector, adding professionalism to their everyday practices and approaches, to their ways of working, due to the limited number of accredited qualifications surrounding TIP available for staff to undertake. A contrasting viewpoint was that the phrase could be a barrier to the general community due to the negative connotations associated with the word trauma.

The interview participants described the workforce from the sectors they worked in as informally resilient, with staff doing lots of things in their everyday practice that were trauma-informed, but they would not call it TIP. There was the overall sense from the interviews that the work and practices carried out every day do not necessarily have to be called TIP to be effective, instead as stated by one participant, “How you are with people is more important than what you call it.” Another participant suggested that you should use language that fits and is recognisable to the organisation, adding that there is less concern about the phrases and more concern relating to the tangible acts that can be used to support an organisation.

The literature review also shows that actions are more significant than terminology but note, this is literature framed by the lens of trauma-informed practice (Bargemen et al., 2022; SAMHSA, 2014).

Key Finding 4 – The recognition of the relevance of trauma-informed practice has been galvanised by the pandemic

There has been a growing hunger for organisations to become trauma-informed over recent years (Purtle, 2020). The literature indicates that the pandemic in particular has brought TIP into sharp relief, especially with regard to the adult social care workforce. Vicarious trauma and feelings of loss, bereavement, guilt, and shame occurred throughout the pandemic as the workforce faced unimaginable pressure (Billings et al, 2021; COVID Trauma Response Working Group, 2020). The literature suggests that the need for organisations to become trauma-informed therefore has become ever more pressing (Billings et al., 2021; Green et al., 2021; Royal College Psychiatrists, 2020).

The stakeholder interviews proposed a variety of reasons why TIP could be introduced by organisations. One reason mentioned heavily during the interviews, aligning with the literature, was that TIP was introduced due to the effects of the COVID-19 pandemic. Organisations wanted to put some form of TIP in place in response to the suffering that they were seeing in their staff teams. For Stonepillow, due to a change in government guidance during the pandemic, the organisation introduced a “no eviction” policy for their clients. This meant that they had to bring in TIP as a framework for them to enable their teams to reflect on some of their fears, and some of their concerns, and come up with a group consensus approach around the behaviour management of clients.

Findings – Implementation of Trauma-informed Practice

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

"Being trauma-informed is taking knowledge and understanding of trauma and applying it to everything you do so that everything you do is shaped by that." Participant 4

Trauma-Informed Practice in the Literature

The literature review found that there are varying models, frameworks, and phased approaches to becoming trauma-informed or aware. Despite this variance, the review also found common themes and key actions that can be taken, and a unifying set of principles that can be used on an organisation's journey to being trauma-informed. In general, the literature indicates that the core approaches to being trauma-informed are:

- "Required training of all staff in awareness and knowledge on the impact of abuse or trauma".
- "Use of standardised, evidence-based screening/assessment measures to identify trauma history and trauma-related symptoms or problems"
- "Written policies that explicitly include and support trauma-informed principles"
- "Procedures to reduce the risk for client and staff re-traumatization"
- "Procedures for engagement and input in service planning and development of a trauma-informed system"

The literature also identified the following factors as key to the success of TIP implementation:

- Senior leadership commitment and strategic planning
- Aligning policy, procedures, and programming with trauma-informed principles
- Sufficient staff support
- Amplifying the voices of staff, people who draw on care and support and their families
- Using data to help motivate change.

(Addis et al., 2022; Taylor, 2019; SAMSHA, 2014)

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

Our research highlighted that each organisation had differing offerings of support for their staff and implemented their own approaches as part of their engagement with TIP. There were five key areas of implementation identified during the interviews that can be viewed as important approaches that the

organisations have used to help them become trauma-informed and provide support for staff to manage their grief and trauma.

They are:

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

More information on each area of implementation is presented below.

Key Finding 2 – Leadership Matters

"You can write policies, it's great and you can do training, it's great, but if nobody implements it and if nobody models it on a management service management level, it's a waste of time." Participant 5

While the general reasons for implementing TIP noted by our interview participants, were due to the pandemic and to help support staff, the decisions to implement TIP were identified to be management driven, with CEOs, HR leads, and operational managers identified as the key groups of people who wanted the organisations to become trauma-informed. For one organisation, senior leaders wanted to put a framework around some of the work that the organisations were doing naturally. For Trauma Informed Lancashire (TIL), system leaders set a mandate in 2018 to develop Trauma Informed Lancashire and help organisations in Lancashire on their journey to becoming trauma-informed.

In general, leadership was heralded as a key factor for the implementation of an organisation's trauma-informed strategy. As part of this, cultural change was considered necessary. Modelling of behaviour from senior leadership including cascading and championing and leading by example were identified as key to an organisation's cultural change.

The interviewees highlighted the importance of leaders understanding what trauma-informed practice does, what difference it can make to staff and communities, what good looks like and why they should be doing TIP. This was suggested to create buy-in to the idea of TIP by leaders, something that the participants believed would equip them to equip their staff to cope with the daily trauma challenges. The consensus around the importance of a leadership-driven TIP strategy was that, if the leaders don't talk about it, live it, and understand it, then the staff won't support it. However, if they do, it will allow them to keep reinforcing TIP across the organisation and keep the conversation going.

This was apparent in the work of Trauma Informed Torbay. One finding from the evaluation of their learning sessions was that if the team leaders and practitioners saw their managers or the commissioners at a session, it had a big impact on the team leaders and practitioners as they could see

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

Stonepillow – Leadership
At Stonepillow, the senior leaders, and managers model trauma-informed practice. This helps their team to acknowledge what TIP can be. At Stonepillow, TIP was developed from an aspiration of the CEO for the organisation to become trauma-informed. Stonepillow continues working towards their goal with heavy influence from the CEO and senior leadership. Examples of ways that the leadership champions TIP include:

- The CEO runs monthly reflective practice sessions for the senior managers
- All of the senior managers are trauma-informed trained
- They will be introducing new monthly reflective practice sessions for team leaders delivered by a member of senior management
- Managers lead on reflective practice post-incident

Overall, the organisation attempts to build in reflection using different mechanisms to try to reduce vicarious trauma to the staff teams.

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

Further to this, within the discourse, there is a growing acknowledgement that the nurturing of self-compassion among health and care staff can enhance staff well-being and that leaders should recognise this benefit and foster a culture of self-compassion among their workforce (Cole, et al., 2020; Flowers, et al., 2018).

Leadership Resources
Within the literature, there were a number of key resources, toolkits and frameworks that can be used to aid "trauma-informed Leadership for Organisational Change". One international example is stage four of the TICPOT toolkit developed by Australia's Mental Health Coordinating Council (MHCC). Set out in

the toolkit is a framework for trauma-informed leadership for organisational change. In this framework, MHCC set out 5 key domains and capabilities:

- Development of leadership capacity and personal resources
- Fostering and building relationships
- Partnering and collaborating across disciplines and settings
- Identifying better outcomes
- Transforming the organisation

Within the UK, we can also see examples of resources and support to aid trauma-informed leadership, one example being the "Scottish Trauma Informed Leaders Training" (STILT) programme (NHS Education for Scotland, 2021)which was created in recognition that TIP can only happen in the context of "trauma-informed and responsive environments, policies, systems and organisations" (NHS Education for Scotland 2021). The programme is designed to support leaders of organisations to develop trauma-informed systems, as well as processes, environments, and teams from the "top-down" and the bottom-up. In the STILT's impact review, it is reported that the training has led to changes in:

- Leaders' own practice
- Staff working conditions
- Staff knowledge, skills, training, and practice,
- People with lived experience of trauma's experience
- Monitoring and evaluation of TIP
- Organisation policies and practices

We can see, therefore, that the literature places a significant emphasis on the importance of trauma-informed leadership for organisational change. Evidence shows that transformational leadership's impact is far-reaching; from an individual leader's practice to working conditions to staff's knowledge, skills, and training and an organisation's policies and practices. The findings that emerged in the literature were mirrored in our stakeholder engagement – participants indicated that reviewing policies and procedures was a key domain of implementation for trauma-informed practice.

Key Finding 3 – Policies and Procedures are Essential

"Organisational practice that is not trauma-informed is often a barrier." Participant 9

Reviewing existing policies and procedures was another domain of implementation identified during the interviews. This domain focused on embedding trauma-informed responses and reflection into organisational policies.

An example of this identified during the interviews was changing the names of policies. This included for one organisation a move from incident management to reflective incident management. Another example was a move from a grievance policy to a resolution policy and procedure. This was an attempt to make policies more collaborative rather than combative. Other organisations renamed their policies

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

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

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

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

Trauma Informed Lancashire have developed an assessment tool at the request of system leaders to help them to find out how trauma-informed their team is, their department, a baseline measure. Alongside this, after increased demand for more TIP assessment offers, was a peer review option. Organisations can swap their completed assessment with another who is able to provide feedback. This approach has worked well so far.

Some of the interview participants had reservations about assessment tools, suggesting that they could possibly become tick box exercises, rather than an engagement in the process of becoming more trauma-informed, and was suggested as a reason why some did not create a tool or complete one.

An alternative introduced by Trauma Treatment International (TTI) was an organisational assessment where they carry out structured interviews with all levels of the organisation, including managers, and the workforce and also carry out an informal well-being assessment. The outcome of this assessment is a report that goes to the organisation or the CEO or senior management that highlights areas of risk. They also offer tailored recommendations on interventions and on how organisations can improve their practice to mitigate against risk exposure. TTI always maintains long-term relationships and always provides follow-up and ongoing supervision with the organisations that they work with. More information is presented below.

Trauma Treatment International – Policies and Procedures
When doing their organisational assessment TTI explores the organisational policies and procedures. They identify the policies that are in place and look to see whether they need to be updated and they look to see if any important policies are missing. They look at a variety of things which may include working hours, contracts, sick days, critical incident policies and mental health policies.
Through their research and their practice, they have found out that people are better able to manage their own grief and trauma when certain organisational practices are in place. They have also discovered that common ways of practice or standard operating procedures tend to be the things that burn out an organization more than the actual exposure to horrific images or difficult stories. To address this, they do a lot of education around that concept and suggest ways for an organisation to become more trauma aware and how they can implement some trauma-informed practices.

Key Finding 4 – Training Matters

"Training provides the scaffolding and a shared language. Training gives a confidence to people to go out and put things into place." Participant 9

Training courses, webinars, and toolkits were used for both staff support and as a way to help organisations on the journey to becoming trauma-informed. The interview participants suggested that training should be for the whole organisation from frontline workers up to the CEO. There were also suggestions that boards of trustees should also be trained in TIP, even if they were just awareness sessions.

Examples of some of the training delivered by the organisations we interviewed include:

- Vicarious trauma and resilience
- Reflective practice
- Psychologically informed management
- Entry-level trauma-informed practice
- Higher level training for management
- Continuing the conversation
- Train the trainer

Each organisation had their own unique experience that led them to the training that they deliver/ procured for their staff team. Developing this training or sourcing a training provider were both activities identified by the organisations as requiring financial investment, with one participant suggesting "Proper trauma training costs money." Most of the organisations interviewed had either offered some training to all of their staff of TIP or were in the process of an organisational rollout. More information is presented below.

Trauma Informed Lancashire

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

Trauma Treatment International

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

Trauma Informed Torbay

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

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

This group have produced a Knowledge and Skills Framework to support organisations on their journey to becoming trauma-informed. A core element of this framework is trauma training for staff. They suggest that trauma training should feature in the induction for new starters and for organisations aiming to become 'Trauma-Aware.' They also believe that foundational training on trauma and trauma-informed approaches should be repeated at regular intervals. (BNSSG, 2021)

The findings above echo a key tenet of the literature we reviewed: **training and tools provide methods that an organisation can use on their journey to being trauma-informed (Purtle, 2020).** The review also indicated that training and tools can be operationalised in different ways. For example, emerging evidence indicates that staff training can equip an organisation's workforce with skills that build resilience and allow them to "take care of themselves". By using training, organisations can diminish the risk of exposing staff to secondary traumatic stress, vicarious trauma and burnout, all of which will inhibit their ability to provide high-quality care.

This argument is supported by the work of McFadden et al. (2021). They outline in their research "The Role of Coping in the Wellbeing and Work-Related Quality of Life of UK Health and Social Care Workers during COVID-19" that staff training can help replace undesirable "avoidance coping strategies" with more favourable adaptive strategies, such as active coping and help-seeking. They recommend that "social care employers could make 'stress and coping' training mandatory as part of staff induction and annual refresher training/workshops to ensure a more resilient workforce". In doing this, organisations can equip employees with tools to build coping mechanisms into their daily work routines, support other staff, and reflect on their experiences – all of which have been shown to result in improvements to staff wellbeing (Bailey and West, 2020; Chen et al., 2018).

Therefore, training matters. A programme of rolling training should be designed to meet the needs of the workforce and training should sit alongside a suite of other methods such as staff support and supervision.

Key Finding 5 – Models of Supervision must be Embedded

Supervision and staff support were important domains of implementation highlighted during the interviews. The organisations demonstrated their organisational commitment to staff support by investing in different supervision approaches. There was a distinction between supervision that was process driven, where staff would talk about their workload, contrasted to opportunities where staff took part in clinical supervision to discharge the vicarious trauma that they might be experiencing from the individuals that they are working with. Clinical [psychological] supervision was considered an imperative resource for staff to maintain resilience and well-being and talk in a safe environment. It was also considered to be a restorative supervision model about feelings, not solutions and needed safe spaces to have conversations.

The importance our participants placed on supervision echoes the consensus we found in the literature. As Thomas and Quilter-Pinner (2020) outline in IPPR's report "Care fit for Carers" that care staff's mental health support should be extended and there should be the opportunity for all staff to have access to psychological supervision, either as one-to-one support or in group fora.

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

<table>
<tr><th colspan="2">Mechanisms to Help Staff Manage their Grief and Trauma</th></tr>
<tr><th colspan="2">Supervision</th></tr>
<tr><td colspan="2">1-1 supervision
Personal supervision
Resilience-based clinical supervision</td></tr>
<tr><th colspan="2">Staff Support</th></tr>
<tr><td>Groups
Peer-to-peer groups
Schwartz rounds
Network meetings
Hive mind
Monthly groups
Practitioner group
Team leader group
Strategic group

Team Support
Structured team meetings
Group debriefs
Weekly drop-in sessions
Weekly meetings
Buddy systems
Peer support
Day-to-day grief management
Reflective sessions
Weekly quiz
Laughter yoga
Surfing</td><td>Resources
Organisation intranet with resources
Briefings
Meditation app
Reflective journals
Spiritual care services
Employee Assistance Programmes
One-to-one counselling

Trained Professional
Wellbeing Coordinators
Mental health practitioners
External counsellors
Psychologists
In-house occupational support
Mental health first aid</td></tr>
</table>

The above reflects a common theme found within the literature: **peer support, reflective practice and team meetings are essential tools that can support staff well-being.** SAMHSA's seminal framework provides numerous strategies for shifting towards a trauma-informed culture a key tenet of which is "creating a peer-support environment" (SAMHSA, 2014). We see this notion of creating a peer-support environment time and time again throughout the literature. One example is Lancashire's Violence Reduction Network's Trauma Informed Organisational Development Framework (2020) which builds on

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

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

Staff Support Resources

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

It is important to note that while many organisations may already be adopting these approaches to support their staff e.g., providing Employee Assistance Programmes, not all will be necessarily seeking to formally adopt a trauma-informed approach. It would, therefore, be useful to understand the different approaches taken by organisations that are on the journey, comparing those who have mindfully adopted a TIP approach compared to those organisations adopting practices to support their staff but would not consider themselves on the TIP journey.

Key Finding 6 – The Physical Environment is also Important

"The physical environment is about having a private space for those conversations, and that is really important." Participant 1

The physical environment was identified as key to an organisation's trauma-informed journey. During the interviews, especially with the homelessness providers, psychologically informed environments was a term that had a common recurrence. Safe spaces, wobble rooms, and virtual safe spaces were all measures put in place by different organisations to help them provide trauma-informed spaces. Features such as an environment that is safe to work in, that is welcoming and inclusive were all

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

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

The literature reinforces the notion that "physical environments and social spaces" are key to an organisation's trauma-informed journey. This sentiment is echoed in many toolkits and approaches – perhaps most famously it features in the Psychologically Informed Environments (PIE) Toolkit (Johnson et al., 2012). The PIE toolkit places significant emphasis on the built environment alongside relationships as a tool for change and reflective practice. Beyond the PIE toolkit, SAMHSA's (2014) conceptualisation of a trauma-informed approach one of their ten key implementation domains is the Physical Environment. According to the literature, trauma-informed physical environments promote a sense of safety and collaboration. Staff working in a setting must feel it is "safe, inviting, and not a risk to their physical or psychological safety" (NHS Education for Scotland, 2021).

Key Finding 7 – Gaps remain in evidence and impact

The sections above highlight the significant alignment between the interviews and the literature review on trauma-informed practice, from the initial definitions to the clear examples and practices around the domains of implementation of TIP. The findings suggest that there are key elements of trauma-informed practice that are hugely valuable for the social care workforce.

What is apparent, however, is that there is clear merit in exploring how implementing TIP into adult social care will work. This includes exploring the costs, benefits, and impact and ultimately developing an evidence base of current best practice. Further information about areas for additional support is presented below.

Developing an Evidence Base – There is a need for evaluation and creating an evidence base to demonstrate why organisations should adopt trauma-informed practice and seek to become trauma-informed. While we are aware of academic evaluations of the support programmes offered by Trauma Informed Lancashire (UCLAN, John Moore University and Lancaster University) and Trauma Informed Torbay (Plymouth University), the interviews highlighted a need for a more robust evidence base. This evidence base was considered an opportunity to "sell" the concept of TIP to organisations and leaders. It

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

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

Carefully planned training – While organisations explained their training programmes and their journey to using/creating the training for their workforce, key ideas emerged about the type of training needed and the things that should be considered during the creation of any training programme/content.

- **Quality Markers** – There was a common call for high-tier, accredited training for TIP.
- **Delivery** – There were discussions about the format of the training including where it will be delivered. Online delivery models should be carefully considered due to the potential possibilities of re-traumatisation. The training courses from Trauma Informed Lancashire have been evaluated by different universities which have suggested that courses should not be delivered online due to this factor. Participants have also disclosed their trauma during the course.
- **Content** – The topic and the content of the course also need to be carefully considered. There is the possibility of 'triggering' content. There were also concerns about how the training is refreshed as it should not just be done once and forgotten about.
- **Audience** – It is important to consider who will be involved in the training and cater it for different workers e.g., staff, managers, CEOs, and trustees.
- **Social Care Workforce** – For the social care workforce, there were queries about the possibility of embedding the training into the current training offer for care workers. This was due to the idea that having additional courses could be burdensome for the workforce and TIP could easily be embedded into current training as it is relevant in different scenarios that care workers may experience in their everyday roles. While this was posed as a potential idea, there should be caution when embedding it into any online training based on the points explained in the delivery section above such as the possibilities of re-traumatisation.

Tailored Resources/Support – Additional support is also needed for the development of tailored resources. While generic resources may be useful, a need was identified for resources that were considerate of the operating and environmental context. These resources must be tailored to the role that staff provide and the sector that the organisation operates in. For example, within social care, there is a wide range of services. It would be important to have tailored resources that reflect the potential differences that those who work within home care may experience contrasted to those who work in residential care, for example.

Specialist support and funding to match – Another area for future development was the provision of specialist support in terms of qualified professionals and sustainable funding to support this. During the interviews, the organisations discussed the various experts that were involved in their organisations helping to provide specialist staff support as part of the organisations' TIP strategy. These experts

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

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

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

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

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

Summary of Findings

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

Key Findings – Understanding Trauma-Informed Practice

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

Key Findings – Implementation of Trauma-Informed Practice

1. **Trauma-informed practice was found to be applied by our interview participants based on 5 key areas of implementation**: 1. Leadership, 2. Policies and procedures, 3. Training, 4. Staff support and supervision, 5. Physical environment.
2. **Leadership matters:** Trauma-informed practice was modelled by organisation leaders who lead by example and cascaded and championed the approach. Leaders need to "buy-in" to the concept of trauma-informed practice, so they can support, reinforce, and keep the conversation around trauma-informed practice going. We found that the decisions to implement trauma-informed practice into an organisation were management/leadership driven.
3. **Policies & procedures are essential**: Ensuring that the appropriate policies and procedures are in place to support staff with their grief and trauma. Assessment tools may be used to evaluate current policies, but caution is advised so that this approach does not become a "tick-box" exercise.
4. **Training matters**: training was used by many organisations to teach different levels of the organisation about trauma-informed practice. There was dissatisfaction with the current offer of training (mostly external), leading to organisations developing their own training approaches.
5. **Models of supervision must be embedded**: Organisations invested heavily in supervision, specifically around clinical-based supervision to provide staff with support to manage their grief and trauma. Organisations also provided staff with many opportunities to communicate, reflect,

talk about their personal feelings, and gain the benefits from social support. This was through groups, team support and trained professionals.

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

Recommendations

In light of the above findings and the gaps where additional support may be needed, below is a summary of our recommendations.

1. **Adult social care employers could consider using trauma-informed practice as it is a useful avenue to support their workforce**. However, effective implementation has to be based on tangible actions that will have an impact and support the workforce, rather than buzzwords.
2. **Any introduction of trauma-informed practice into the adult social care sector has to be fully funded;** it needs proper resourcing to enable employers to be able to span the various domains of implementation 1. Leadership, 2. Policies and procedures, 3. Training, 4. Staff support and supervision, 5. Physical environment.
3. **Effective implementation across social care requires investment in qualified professionals to provide specialist trauma-informed support.**
4. **A comprehensive, publicly-available evidence base needs to be developed that features good practice examples of trauma-informed practice from social care and other sectors**. This should feature examples of explicitly defined trauma-informed practice alongside examples that could be considered trauma-informed but have not been carried out by organisations on a trauma-informed practice journey.
5. **Skills for Care should consider commissioning some cost-benefit evaluations**, to help identify the costs, the benefits, and the potential impacts for organisations and their workforce if they choose to implement trauma-informed practice.
6. **Skills for Care should connect with academics that are currently evaluating the practice that is in place** and encourage other academic partners to see how they can support trauma-informed practice evaluation.
7. **Skills for Care should use this research to gauge the appetite for tailored resources, training and any additional support** required for organisations within the adult social care sector to implement the trauma-informed practice and commission sector-appropriate tailored and coproduced resources.
8. **There should be a clear and realistic plan of engagement to showcase trauma-informed practice in social care** which outlines dissemination and impact.

Implementation of the above recommendations is outside the scope of the current study.

Concluding Remarks

This report aimed to explore how organisations use trauma-informed practice to support their workforce. We have found out that there are pockets of good practice across the UK, from different sectors, but there is no unified overarching framework for social care in England. We have identified various resources that would be useful for employees (Appendix C) and employers (Appendix D) around trauma and TIP. In general, our findings from our stakeholder engagement resonate with those from the literature, demonstrated using the linkages throughout the report. We have also highlighted key areas for change.

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Appendices

Appendix A – Literature Review Search Terms

Trauma-informed approach	Trauma-informed practice	Trauma + wellbeing	Re-traumatisation
Trauma-informed approach + employees	Trauma-informed practice + employees	Trauma-informed organisations	Trauma-informed approach + employer
Trauma-informed practice + employer	Trauma-informed approach + organisations	Trauma-informed practice + organisations	Trauma-informed + supervisory frameworks
Trauma-informed + leadership	Trauma-informed + strengths-based leadership	Trauma + bereavement support	Trauma + mental health intervention AND/OR support
Trauma + action learning	Trauma + group practice	Trauma + Schwartz rounds	Grief management
Employee grief management	Employee wellbeing	Staff wellbeing	Employee well-being + trauma
Staff well-being + trauma	Trauma sensitive	Trauma responsive	Trauma Aware
Trauma responsive	Reflective Practice	Compassionate care (support) for employees	Trauma AND Compassionate leadership

General Search Sites

To maximise our results, we will search grey literature and published literature.

Grey Literature	**Published Literature**
Google search	Google Scholar
Gov.uk	Scopus
SCIE	Academic Search Complete
Skills for Care	Science Direct
NICE	Proquest Central
	Cochrane Library

Appendix B – Interview Guide

Interview Questions

Background Questions

1. Tell us who you are
2. Tell us a bit about your organisation

Key Question 1: What is trauma-informed practice?

Defining Trauma-informed Practice

- What do you know about trauma-informed practice?

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological, and social development.

- Is it a phrase you are familiar with?

Alternatives to Trauma-informed Practice

- Do you think that you/your organisation does trauma-informed practice but call it something else?
- Do you believe that the work you do needs to be called trauma-informed practice to be trauma-informed?

Key Question 2: What does it take to become a trauma-informed organisation?

Becoming Trauma-informed

- Have you done any work on becoming trauma-informed? /Do you consider your organisation trauma-informed? ***If no move to Key Question 4***
- Who decided that your organisation should become trauma-informed?
- What is the organisational importance of trauma-informed practice?
- What approach was taken to become a trauma-informed organisation? Have you used (or heard of) the phased approach (trauma aware, trauma-sensitive, trauma-responsive, trauma-informed)?
- How do you become a good trauma-informed organisation?

Resources

- What resources have you used to become a trauma-informed organisation?
- What additional resources (support) do you think will be needed to become a trauma-informed organisation?

Key Question 3: How is trauma-informed practice applied in each sector?

Embedding Trauma-informed Practice

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

Maintaining Trauma-informed Practice

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

Sector Trauma-informed Practice

- Do you think trauma-informed practice is embedded in your sector?
- Is the sector that you work in good at trauma-informed practice?

Key Question 4: How do employers support their employees to manage grief and trauma?

Current Support

- What support do you offer to your employees to manage their grief and trauma?
- Can you give examples of interventions etc.?
- What resources do you use for your staff?
- Where do you send people for expert support?
- Do you have any specific examples of things that you do to help your employees?

Additional Support

- Do you believe that there is a gap in support?
- What additional support would be helpful?
- What additional resources (support) do you think will be needed for your organisation to help support your staff to manage their grief and trauma?
- What additional resources (support) do you think will be needed in your sector for you to help your staff to manage their grief and trauma?

Appendix C - Signposting for Employees

There were no organisations identified during the organisation search that offered specific trauma-informed support for employees in social care. There were, however, resources that could support the workforce in other aspects such as mental health, well-being and bereavement. This information is displayed below.

Organisation	What they offer	Who it is targeted at	Summary	How to access
Department of Health and Social Care	Resources about bereavement for social care workers	▪ Care workers ▪ Leaders ▪ Managers	This webpage offers links to different pages and organisations that can help support the social care workforce with bereavement. It also features COVID-specific links and resources for leaders and managers.	Link
NHS England	Mental health and well-being information	▪ Care workers	This site provides information about support for social care workers on how to take care of their well-being. Includes links to support numbers, advice pages and links specifically for registered managers.	Link
NHS England	Information about Staff mental health and well-being hubs	▪ Care workers ▪ Healthcare staff	This webpage offers information about staff well-being hubs for the health and care workforce. It provides an overview of how staff can apply for the hubs and links to different hubs across the country.	Link
SE Regional Team NHSE/I -	Staff well-being resources and information	▪ Care workers ▪ Healthcare staff	This slide deck offers information for staff about how to manage emotions and feelings, and deal with bereavement and also provides links to useful resources.	Link
Care Workers Charity	Mental well-being and health sessions	▪ Care workers	This webpage provides information about mental well-being and health support sessions for those employed in the UK social care sector in a role that is involved in or supports the provision of adult, elderly or disability care.	Link

Organisation	What they offer	Who it is targeted at	Summary	How to access
Mental Health at Work	Helpline information Different resource sites Support information	▪ Care workers	This webpage hosts an online toolkit that provides links to resources for employees who may be experiencing trauma. This includes links to helplines, bereavement support, counselling information, well-being support and a variety of pdf and webpages.	Link
Mental Health at Work	Tools, resources and stories about mental health at work	▪ Care Workers ▪ Other Sectors	Mental Health at Work offers a search tool that allows you to narrow down the resources based on who you are in your organisation, what sector you work in and what type of resource you are looking for.	Link
Macmillan	Information and resources to help staff deal with bereavement	▪ Care workers ▪ Healthcare staff	This webpage offers information about COVID-19 and bereavement and provides a summary of bereavement and grief. Its page also provides links to useful resources to help health and social care professionals with bereavement.	Link
Central and North West London NHSFT	Website featuring trauma-informed information and resources	▪ Staff in Central and North West London	There are a variety of resources on trauma-informed approach including a staff well-being plan and staff stabilisation manuals - skills to help staff gain stabilisation.	Link
RESPOND	Training, supervision and reflective practice consultation	▪ UK and Midlands ▪ Staff who work with people with learning disabilities, autism or both	RESPOND Offer trauma-informed training courses nationwide focusing on four main courses: ▪ Introduction to a trauma-informed approach ▪ Front line workers ▪ Senior leaders ▪ Trauma champions	Link

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

Appendix D - Useful Resources for Employers

We have identified a variety of organisations that provide resources featuring advice and information on trauma-informed practice. This advice includes guidance on how employers can support and expect their employees to manage grief and trauma. This includes resources from organisations working in the devolved nations, county councils, sector-specific membership organisations and trauma-informed networks. These resources can be used by employees to explore their own trauma-informed practice approach and the support that they offer to their workforce.

Organisation	What they offer	Who it is targeted at	Summary	How to access
E-learning for healthcare	All Our Health: Vulnerabilities and trauma-informed practice	▪ Care workers ▪ Healthcare staff	Information about how the whole workforce can adopt a trauma-informed approach. Specific information about how management and senior leaders can apply the principles of trauma-informed practice to their workforce.	Link
ACE Hub Wales	Trauma-informed Organisation Training	▪ General organisations	Free online training that includes videos and workbooks that can be used to help develop and implement trauma-informed practice across Wales.	Link
NHS Education for Scotland	National Trauma Training Programme	▪ General organisations	Information about Scotland's trauma-informed training programme, including links to eModules, key documents and training materials.	Link
LGA	Resource page with lots of info about different topics	▪ Care workers	Key resources to help adult social care during COVID-19 and beyond. Includes information on trauma and traumatic grief, and information for different roles in adult social care.	Link
Homeless Link	Services to help organisations become trauma-informed	▪ General	Homeless Link can create bespoke packages for organisations to become trauma-informed. They offer to train your team, identify trauma-informed champions and update policies and procedures to ensure that they are trauma-informed. They also have a knowledge hub that focuses on trauma-informed practices	Link

Organisation	What they offer	Who it is targeted at	Summary	How to access
Kent County Council	Resources and links to events about trauma-informed	▪ Kent and Medway	This webpage features links to trauma-informed resources including bulletins, the trauma-informed Kent framework, slides from previous events, webinars and podcasts.	Link
Trauma Informed Plymouth Network	Trauma-informed course	▪ Plymouth	Trauma Informed Plymouth provides courses about trauma-informed practice. The page also contains a link to Plymouth's trauma-informed approach.	Link
Trauma Informed Lancashire	Resources for Leaders to help them use a trauma-informed lens to shape their services	▪ Leaders in Lancashire	Trauma Informed Lancashire offers a whole suite of resources for leaders in Lancashire. ▪ They offer Workshops for leaders to see what becoming trauma-informed means. ▪ There have also created an organisational development toolkit to guide services to become trauma-informed. ▪ There are links to train the trainer events to disseminate material. ▪ There is also information about the charter mark to show that an organisation is trauma-informed.	Link
Lancashire Violence reduction network	A Trauma-informed Organisational Development Framework - A self and peer evaluation toolkit	▪ General Lancashire	A framework that can be used by organisations to promote discussion about trauma, reflect on current practices, carry out self and peer evaluations and understand developmental needs and next steps.	Link
Exeter City Council and psychologists	Trauma resilience toolkit	▪ Homelessness but relevant to	This is a trauma resilience toolkit that comprises presentations and audio files to help support knowledge and development around trauma-informed.	Link

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