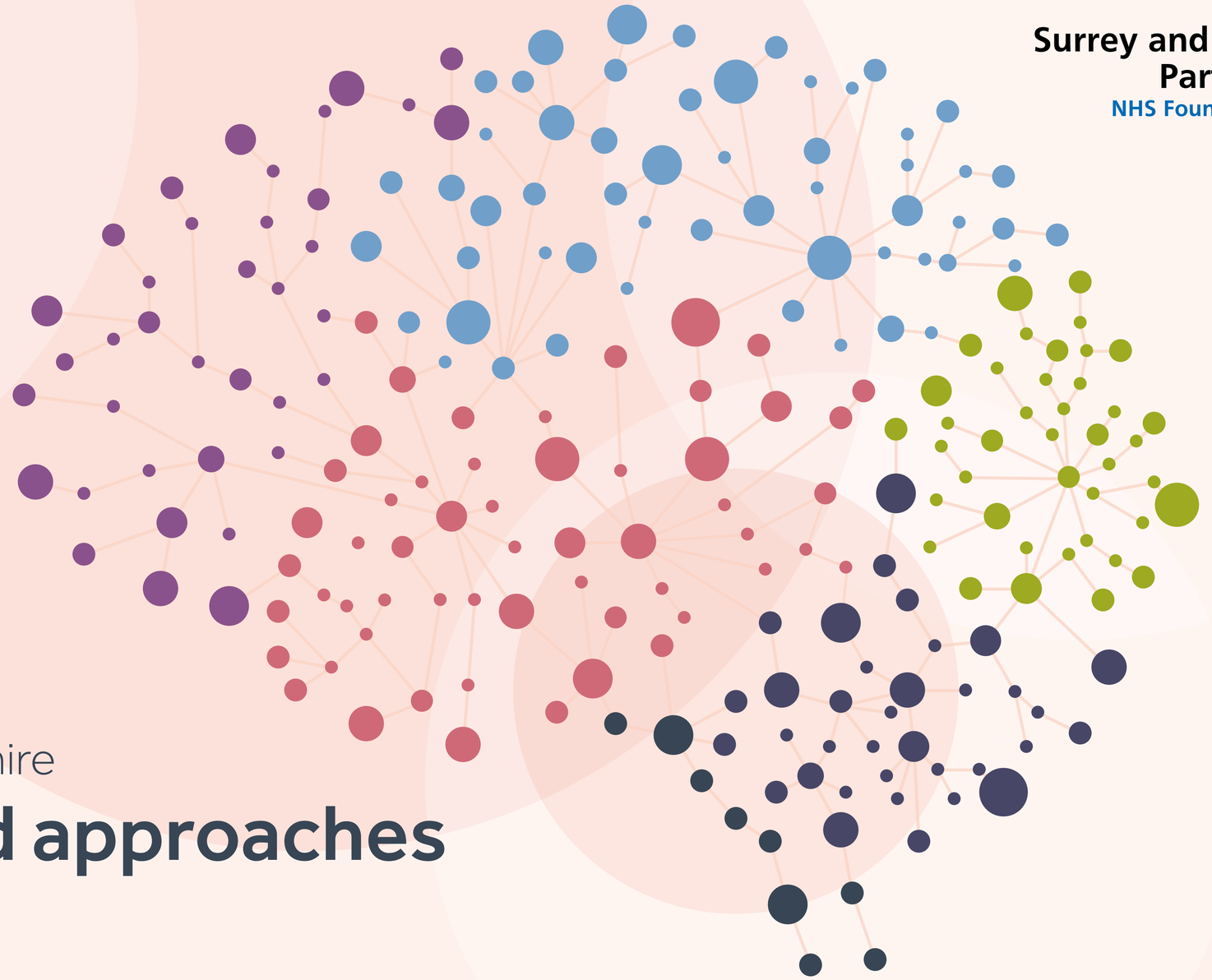
Health Innovation
Oxford & Thames Valley

NHS
Surrey and Borders Partnership
NHS Foundation Trust



Surrey and Northeast Hampshire

Trauma-informed approaches

Programme background

End of year one 2023

Terminology, Acronyms and Language

The following list is provided to be a comprehensive guide to support the reading and understanding of all reports in this series as well as this document. Therefore some terminology or acronyms may not be present in each individual report.

Job title – participants reported job title when signing up for training, e.g. Residential Support Worker.

Aggregated job roles – job titles that have been grouped for the purpose of analysis e.g. Support Worker.

Job role category – aggregated job roles that have been categorised for the purpose of analysis, e.g. senior roles.

Service remit – the remit of services provided by an organisation, e.g. Mental Health, Drug and Alcohol, Learning Disabilities and Community Services.

Service – the service participants reported working in when signing up for training, e.g. domestic abuse.

Organisation – the organisation which participants are employed by, e.g. Surrey and Borders Partnership NHS Foundation Trust.

Sector – the sector for which the employing organisation belongs, e.g. NHS, Charity, Social Care etc.

System - the collection of organisations working for, and with, all people in Surrey and NE Hampshire.

Module – term used for a training course.

Workshop – term used to describe an individual session run of a module.

Year 1 – The trauma-informed programme started in 2020 and pilot training was delivered to a limited number of services until March 2022. Year 1 refers to the period of April 2022 to March 2023 as the first year where the trauma-informed service was formally established.

Co-production – an equal relationship between people who use services and the people responsible for delivering services. They work together, from design to delivery, sharing strategic decision-making about policies and the best way to deliver services.

Intersectionality – the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

AL set – Action Learning Set

ARTIC – Attitudes Related to Trauma-informed Care

CQUIN – Commissioning for quality and innovation

CPD – Continuous Professional Development

CPTSD – Complex Post-traumatic stress disorder

CSH – Central Surrey Health

DNA – Did Not Attend

GP – General Practitioner

ICB – Integrated Care Board

ICS – Integrated Care System

IRC – Introduction to the Recovery College course

IT – Information Technology

MS - Microsoft

NE – Northeast

PCN – Primary Care Network

ProQOL – Professional Quality of Life Scale

PTSD – Post-traumatic stress disorder

SABP – Surrey and Borders Partnership NHS Foundation Trust

SECAMB – Southeast Coast Ambulance Service

SNC – Short Notice Cancellation

SPSS – Statistical Package for the Social Sciences

TI – Trauma-informed

TIA – Trauma-informed approach

TIC – Trauma-informed care

Self-reported sign-up fields - Participants were asked for information about their role and employment when signing up for training. These questions were self-reported and mostly free text boxes. Where possible for this report these fields have been verified and checked for aggregation of data and specific analysis.

Trauma-informed care (TIC), trauma-informed approach (TIA) - Trauma-informed care was the original term used in literature to reflect an approach to service provision that is grounded in the understanding that trauma can impact an individual's neurological, biological, psychological, and social development. Following the roll out of training, attendees were asked which term best described this way of working. As a result, trauma-informed care was subsequently referred to as trauma-informed approach, reflecting more inclusive and accessible language. Both terms aim to increase awareness of how trauma can negatively impact individuals and communities and their ability to feel safe or develop trusting relationships with services and their staff. For example, a TIA improves accessibility and the quality of services by creating culturally sensitive, safe services that people trust and want to use. Staff collaborate and partner with people, empowering choices about their health and wellbeing. The reports contain direct quotes and therefore these terms are used interchangeably.

NHS and Primary Care - where reports include the breakdown of sectors within which training participants work, NHS sector includes both physical and mental health services. Primary care sector includes those who reported working in GP surgeries.

Introduction

The Trauma-Informed Surrey & Northeast (NE) Hampshire Team is a co-produced team comprising Clinical and Lived Experience expertise. The programme offered is currently the main provider supporting staff and organisations across Surrey & NE Hampshire in their transformation to be trauma-informed via training and consultation. The team also run a co-produced trauma-informed training course for people living in Surrey & NE Hampshire via the local Recovery College. To our knowledge, currently this is the only course of this kind offered in England.

Vision

Trauma-Informed Surrey & NE Hampshire drive trauma-informed system-wide change through co-produced training and consultation, using a framework founded on evidence based, globally recognised key principles. The service strives to support organisations and communities to develop trauma aware and responsive services and workplaces. Leading to improved relational experiences and better physical health, mental health, and social outcomes for all people across Surrey & NE Hampshire.

What Is Trauma?

In the context of a trauma-informed approach, trauma is a lasting emotional response that can occur from an event, series of events, or circumstances experienced by an individual (Substance Abuse and Mental Health Services Administration, 2014). There are many causes, for example, an accident, assault, or sexual abuse, witnessing harm to someone else, living alongside or caring for someone facing difficult life experiences, living in a traumatic atmosphere (such as a warzone or an abusive household), or being affected by trauma in a family or community and as such, it is estimated that 70% of adults have experienced trauma in their lifetime and nearly half of adults experienced at least one traumatic event before age 18 (Kessler et al, 2017; Bellis et al., 2014). Trauma can occur at any age and affect any gender, race, ethnicity, socioeconomic status, or sexual orientation but is more prevalent in vulnerable populations or populations who experience inequality (Substance Abuse and Mental Health Services Administration, 2014; Mezzina et al., 2022; The King's Fund, 2019; Hatch & Dohrenwend, 2007; Marryat & Frank, 2019; Scottish Government, 2021). Further, people who work to help others often have prior experience of trauma themselves or may be exposed to traumatic experiences while carrying out their jobs, the risk of which was exacerbated during the Covid-19 pandemic (Esaki & Holloway, 2018; Greenberg et al., 2021; Dutheil et al., 2019; Gileen et al., 2021; Stevelink et al., 2020).

Trauma can have adverse effects on a person's wellbeing and emotional, physical, cognitive, behavioural, social, spiritual, and developmental functioning. It can also make it difficult for people to access and engage with services, potentially delaying the identification of health issues until they become acute and impact continuity of care (The King's Fund, 2019). In the workplace, trauma can lead to absenteeism, task avoidance, conflict, and loss of motivation (DeFraia, 2016). Without recognising the prevalence of trauma, services set up to help individuals could serve to (re)traumatise them or the staff employed to help them (Scottish Government, 2021; Sweeny et al., 2016).

What is a Trauma-Informed Approach and Why is it Important?

A Trauma-informed approach (TIA) is a strengths-based methodology grounded in an understanding of and responsiveness to the impact of trauma, which shifts the focus from "What's wrong with you?" to "What has happened to you?". TIA emphasises the physical, psychological, and emotional safety of those providing and seeking support.

It's focus is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners, but to address the barriers that people affected by trauma can experience when accessing any service.

Trauma-informed services are culturally sensitive, safe environments that people trust and want to use. They empower people to work collaboratively with staff to make choices about their health and wellbeing (Office for Health Improvement and Disparities, 2022).

The benefits of adopting a TIA are wide-ranging. A TIA can improve people and their carer's experience of engaging with and using services as well as the staff's experience of working in services. It can also enhance people's and staff's, welfare, wellbeing, and life outcomes. Overall, a TIA is applicable across all public service sectors, including social care, physical and mental health, housing, education, and the criminal justice system, and it can help reduce avoidable care, system inefficiencies, and service costs.

The local TIA model is based on the four assumptions, called the "four Rs," and six principles defined by the Substance Abuse and Mental Health Services Administration (SAMHSA; 2014). It is described in detail in the Trauma Informed Surrey and North East Hants TIA Framework and Toolkit (SABP, 2023). Appendix 1 of the Framework also provides a summary of the evidence supporting the benefit of a TIA. The Framework can be accessed via request through this link TIA Framework.

Local Context

This report forms part of a series, evaluating the implementation of the trauma-informed programme offered by the Trauma-Informed Surrey and Northeast (NE) Hampshire Service.

As well as national reference to trauma-informed approaches in the NHS Long Term Plan (NHS, 2019) and Mental Health Improvement Plan (NHS(a), 2019), a local drive for all Surrey and NE Hampshire services to be fully trauma-informed required the locality to consider how this could be most effectively met for organisations across the system.

It is recommended that when improving quality in the NHS, services should demonstrate commitment by listening to and learning from the experience of patients and develop a cohort of patient leaders (Ham et al., 2016). NHS England also describe co-production as a critical ingredient for implementing change (NHS, 2023). Co-production is central to the design and delivery of the trauma-informed programme which incorporates both lived experience and clinical expertise and leadership.

The Surrey and NE Hampshire trauma-informed programme was created in 2020 with a remit to improve services to people experiencing a mental health crisis. At that time the team was led solely by a Clinical Psychologist, with the training being coproduced with staff in clinical roles and lived experience roles (either of having used services or caring for someone who had). The training identified a far wider need and want from services across Surrey and NE Hampshire for training on trauma-informed approaches as well as the need for the programme to be truly coproduced; employing someone with lived experience in a lead role. Funding was sought and from 2022, the programme was co-led and the remit of the programme was extended. The team continues to work with staff with expertise in both clinical and lived experience roles. Lived experience must be relevant and appropriate to the context and therefore, additional people with lived experience who are outside of the core team are worked with, where appropriate for their expertise to coproduce training and for service evaluation for example.

Understanding the experience of the local workforce

Prior to the design and roll out of the trauma-informed training programme, five focus groups were held with local stakeholders in June 2022. These groups explored the workforce (including people in lived experience roles) views on local challenges and training priorities related to trauma to ensure the programme was in line with local need. Further focus groups were held in July 2023 with key stakeholders for the modules: applying a trauma-informed approach to yourself (3 focus groups) and a trauma-informed approach when working with carers (1 focus group with people with caring responsibilities). In addition, themes from 8 focus groups that had been held in February 2020 with stakeholders (including people who had used services or cared for someone who had) were also used to inform the training and key findings were replicated.

Exploring local challenges

Focus group attendees were asked the following two questions in relation to local challenge. Responses were coded and grouped into the themes detailed below.

1 What keeps you awake at night in relation to work?

Organisational pressures

(Including high volume of workload, insufficient time and lack of resource)

Perceived failing of those who use services

(Including access worries, concern for individual's safety and complex needs and fear of providing inadequate services)

System communication challenges

(Including contacting, interacting and collaborating with other services that may have different priorities and processes)

Wellbeing and burnout

(Including concern for self and/or others and struggle to provide emotional support)

Impact of serious incidents

(Including dealing with a death and the impact on staff responding and the system)

2 What challenges do you experience when working with people who have experienced trauma?

High demand and limited resources

(Including limited time available, long waiting times and resource challenges such as access to interpreters)

Supporting the wider family

(Including meeting the needs of other family members in either their own trauma or supporting their children)

Knowledge and skills gap

(Including knowledge about trauma and its impact, and building trusting relationships, avoiding re-traumatisation, getting engagement from vulnerable people and avoiding dependence)

System communication challenge

(Including systems that are complex to navigate, the challenge of providing continuity of care and a perceived primacy of the medical model)

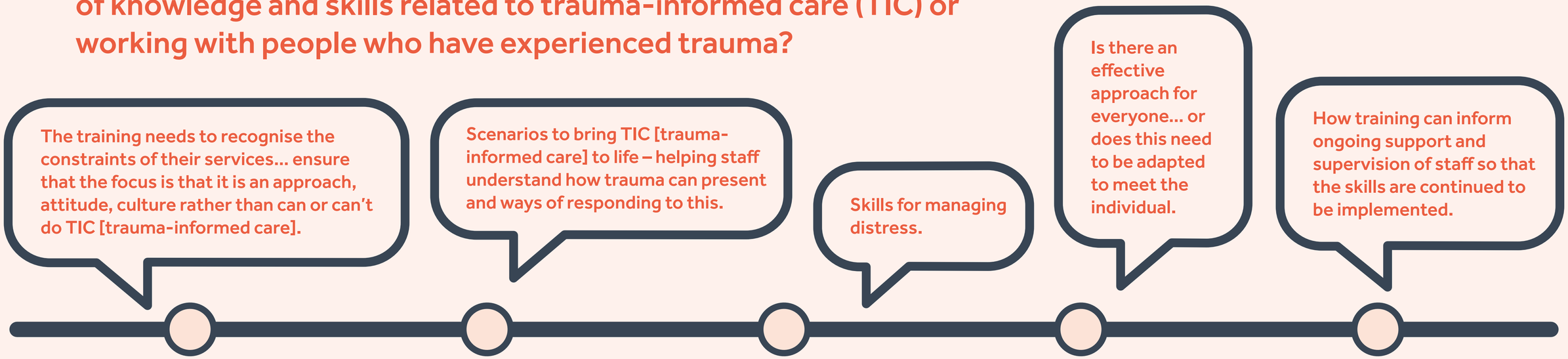
Staff burnout and trauma

(Including understanding impact of work on own trauma, triggers, and perceived lack of support)

Understanding training content

Focus group attendees were also asked questions to explore their understanding of trauma and trauma-informed approaches. Responses were coded and grouped into themes outlined below. Responses to questions 2 and 3 were only gathered from one out of three focus groups.

1 What would you like to know more about in the training in terms of knowledge and skills related to trauma-informed care (TIC) or working with people who have experienced trauma?



Be reflective of service pressures

(Including resources limitations and time as well as those working in out of hours services)

Real world examples

(Including lived experience, simulation and scenario based activities)

Spreading learning and including practical skills

(Practical skills including documentation, strategies, motivational interviewing, managing distress and grounding activities)

Trauma-informed care through a specific lens

(Including neurodiversity, autistic people, substance misuse, carers, older adults, children and young people, personality disorder, Gypsy, Roma and Traveller communities, refugees and asylum seekers).

Supervision

(Including training for those supervising the workforce)

2 What areas do you feel more confident in working with trauma?

- How to be trauma-informed
- Making a safe environment

3 What areas do you feel less confident in working with trauma?

- Understanding the impact of trauma
- How to support people with trauma
- Application to staff and colleagues

Identifying training format preferences

Focus group attendees were asked about their preferences for the training format and structure.

1 What would enable members of your team to attend the training?

- Would virtual or in person training be preferable
- How long do you think is feasible

2 What are your thoughts on the module titles proposed: what is missing that you would like to see included, what would you be interested in?

Responses were used to shape the offer of how trainings are provided.

Training set up

Themes from the focus groups were collated and used to develop the training programme in addition to the evidence base and lived experience input. Due to work commitments and preferences, training sessions were mostly half day interactive workshops held on Microsoft Teams. However, in January 2023, due to an increase in requests, a full day in person training was added to the programme. Workshops included a variety of learning modalities including didactic, lived experience examples, videos, break out rooms, discussions and a digital whiteboard.

Workshops were modular, with two “core” modules (Understanding Trauma and Understanding Trauma-informed Care) that were considered pivotal (but not mandatory) for all staff to attend no matter what their role. An additional 11 modules were open for all staff to attend depending on their role. All training was coproduced: both clinical and lived experience expertise was included in both design and delivery. Staff could attend as many modules as they wanted and was enabled by their managers.

Programme funding and eligibility

The trauma-informed training programme was originally funded in 2020 by Health Education England as part of a larger project to improve the mental health crisis concordat offer. (The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in mental health crisis). The crisis concordat pilot training highlighted a wider need and appetite for training and support in becoming more trauma-informed from services outside the crisis concordat.

Additional funding was sourced to continue and expand the programme offer for 2022-2023. This included funding from Surrey Heartlands and Frimley South ICSs, Health Education England, Surrey County Council public health and the Surrey Changing Futures programme. Staff from any role were eligible to attend the programme providing they worked for either a Surrey Heartlands or Frimley South ICS organisation, or the Surrey Changing Futures Programme. A full list of these organisations can be found in Appendix A.

Programme aims and objectives

The programme remit was threefold: to offer training in trauma-informed approaches for staff, consultation and support to embed trauma-informed approach post training and to codevelop a trauma-informed framework and toolkit to support staff measure how trauma-informed they were as well as providing a guide on how to achieve it.

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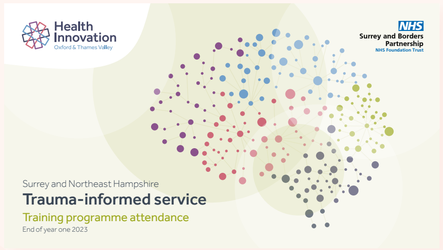

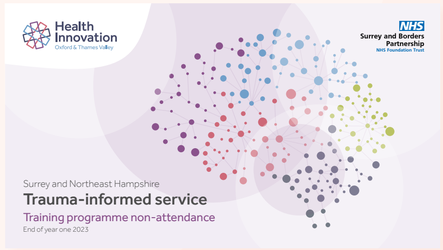

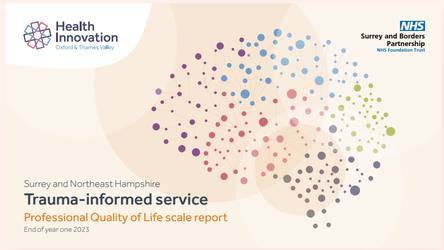

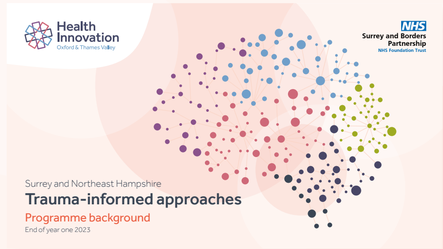

Surrey and Northeast Hampshire

Trauma-informed service

Programme background

End of year one 2023

SURREY HEARTLANDS Health and Care Partnership

Frimley Health and Care

CHANGING FUTURES

SURREY COUNTY COUNCIL