



Our Vision

As Children and Family department we are committed to our vision of becoming a trauma informed responsive department where we believe we are “**stronger together**” our culture is one of partnership where we look for solutions and recognise the potential impact of trauma on the children and families we work with and on our staff . We will strive to create a safe, compassionate, healing environment demonstrated through relationships based on trust, respect, hope and empathy. We will achieve this through a spirit of curiosity, by nurturing connections through relationships, making a deliberate effort to know and understand people, and by providing hope for growth and recovery

This means everyone who works in our service understands trauma, the potential effects on those we work with, our staff and ourselves, knowing how to respond and recognising opportunities for prevention and change. It's about us providing a safe and inclusive environment for all our staff and the children, their family and carers we work and recognising the interconnection between traumatic experiences and broader societal disadvantages. We challenge prejudice and promote equality, diversity, inclusion, kindness and fairness for all, which is reflected in our policies and procedures.

Context

This document is aimed to provide you with information on what we mean by becoming a trauma informed/responsive organisation and how as a Children and Family Department we aim to implement this into our everyday practice, since our launch in March 2021.

In February 2021, the Leicestershire, Leicester and Rutland (LLR) Strategic Partnership Board (SPB) accepted the recommendations of a document, 'Update of a Trauma-informed System'. We are partners in this initiative and are working with our partner agencies to take this work forward.

What do we mean by Trauma?

The following definition of trauma is the one that we are working to:

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

What do we mean by becoming a trauma informed, responsive organization?

The term trauma-informed describes an approach that recognizes the pervasiveness and potential impact of trauma on our children and families, our staff, our organisation, and our communities and means we are committed to ensuring that this understanding is incorporated into every aspect of our administration, culture, environment, and service delivery. It acknowledges that every interaction is an intervention that relationships are at the

core of the work, that everyone contributes to the experience of the service everyone in the organisation has a role to play.

trauma from oppression and discrimination and under the areas we lead on we ensure we focused on equality, Diversity and inclusion as a workforce led by the Director and Deputy AD with the Race Inclusion Board?

A trauma-informed organisation actively works to decrease traumatization and supports resilience, healing, and well-being. A trauma-informed perspective supports the resilience of people and communities through the work they do and the way they do it. It incorporates core principles of safety, trust, collaboration, choice, and empowerment and delivers services in a manner that avoids inadvertently repeating unhealthy interpersonal dynamics in the practitioner/family relationship

Six Principles of Trauma-Informed Practice

Within a trauma-informed response, there are six guiding principles, rather than a prescribed set of practices or procedures, that are applicable across multidisciplinary settings. We are infusing these principles within the work we are doing.

- **Safety:** Throughout the organization, staff, and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
- **Trust:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with children and family members, among staff, and others involved in the organization.
- **Choice:** Staff children and families' experience choice and active participation is encouraged in decision-making regarding services. Families are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills
- **Collaboration:** There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
- **Empowerment:** The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and children and families alike.
- **Respect for diversity:** The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma. It means we challenge prejudice and promote equality, diversity, inclusion, kindness and fairness for all, which is reflected in our policies and procedures and the work of our Race Inclusion and Development Board.

Why did we choose to make this journey?

Childhood, adult, community, cultural and organisational experiences of trauma, toxic stress and adversity are well recognised as being highly prevalent, the impact of which can be widespread and multi layered. Trauma can lead to families, practitioners, teams and

organisations having to function in various survival modes which can impact on health and wellbeing and on how services are delivered and accessed.

Early-life traumatic experiences can affect a parent's ability to cope if proper closure is not reached. There is also a strong correlation between unresolved loss and trauma and disorganised attachment in children. A deep-seated loss or trauma suffered by a parent or child that is unresolved can have specific implications and present challenges for practitioners and the families they support. Complex trauma poses a challenge to children's services where repeated contact with the parent yields little or no satisfactory outcome. Individuals ricochet between services but never have their problems fundamentally addressed.

Working with people who have experienced and/experiencing trauma can be rewarding but also challenging and can affect our staff. Three common impacts are vicarious trauma, secondary traumatic stress and burnout.

Vicarious trauma is the experience of trauma symptoms that can result from being repeatedly exposed to other people's trauma and their stories of traumatic events. A person's world view (belief systems) can be significantly changed as a result of hearing those stories. Vicarious trauma is cumulative, building up over time.

Secondary traumatic stress is the emotional duress that results when an individual hears about the first-hand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

Burnout is the prolonged physical and psychological exhaustion related to a person's work. It does not include traumatic elements or PTSD-like symptoms

If vicarious trauma goes unaddressed, it can lead to short-term and long-term emotional and physical effects, strains on relationships, substance abuse, burnout, and shortened careers (Neumann & Gamble, 1995; Weaks, 1999). These effects can negatively impact the organisation, as staff become unable to give the quality of care needed. Burnout leads to a high staff turnover,

Staff wellness and wellbeing is at the very heart of being a trauma responsive organisation and fits with the notion "wellbeing leads to well doing". The healthier more regulated and reflective staff are the more able they are to support children and families to recognise and move their trauma experiences.

In addition, by understanding the pervasive nature of trauma we can promote environments of healing and recovery to build on the resilience within people and avoid practices and services that may inadvertently re-traumatize individuals. At the organisational level we can address trauma to reduce burnout and increase employee satisfaction, enabling us to retain key talent and institutional knowledge, and ultimately save resources and strengthen systems overall.

How are we doing this?

We have a strategic meeting that meets on a monthly basis chaired by our Assistant Director with representatives from across the services that drives the work that is taking place in the following key these areas.

- Leadership
- Physical Environment
- Workforce Development

- Engagement & Participation
- Language & Communication
- Policies and Procedures
- Commissioning
- Staff wellbeing
- Supervision
- Recruitment & Retention
- Partnership working
- Assessment & Interventions

We hope that you would like to join us on our journey and apply to work with us.