

Communications package

How we tell the story of trauma-informed practice



ROCHDALE
BOROUGH COUNCIL

Trauma-Informed Practice Communications Pack

This resource supports practitioners and their teams to form part of the vision of a trauma-informed Rochdale, tell the story of trauma-informed practice and to communicate this way of working with colleagues, partners and wider stakeholders.

It includes:

- Definitions and features of Trauma-Informed Practice
- People's lived experience of trauma and trauma-based interventions
- Information on how practice is being scaled and how you and your team can get involved

It also includes a practical set of tools for your service:

- Deep Listening Tool - to gather children, young people's and adult's experience on trauma-informed practice
- Self Assessment Tool - to sense-check where your service is currently at on its trauma-informed practice development
- Surveys to gather the input of your organisation, workforce and children, young people and families
- A range of personas including people's lived experience of trauma and trauma-based interventions

Rochdale: A trauma-informed borough

This document sets out the proposed approach for capturing and recording the voices of people who have experienced trauma and who have received support. It is designed to be used by frontline practitioners who work directly with people.

Interviews with children, young people and adults can provide insights into:

- Service User perspectives on the support they've been receiving
- What worked well and why
- What hasn't worked well and why
- How does this link to our understanding of trauma-informed practice

This pack provides context on the purpose of deep listening interviews, a rough outline of the interview shape, guidance on how to conduct and write up the interviews and consent forms.

Findings should be discussed with team leaders and colleagues in a facilitated way to inform new ways of working.

A Trauma-Informed Borough

In 2023, Rochdale Borough Council committed to embedding trauma-informed practice as a cornerstone of how public services work with the children and their families living in this community.

Trauma is an experience known to lots of people. It can affect people's wellbeing, behaviours, relationships, physical and mental health. When we work in a trauma-informed way, we prioritise safety, trust, collaboration, choice and empowerment. We build relationship, listening to and acting on the person's voice and working to avoid re-traumatisation whenever possible. Working in this way can have a profoundly positive impact on the children, young people, adults and families living in Rochdale.

You might already be working in a trauma-informed way, so this won't be new to you, but our aim is to grow a consistent approach across the system so that in time, we are all working in a similarly supportive way.



How we define Trauma-Informed Practice

What is trauma-informed practice?

Trauma-informed practice helps people working with children and families to recognise and respond to trauma and enables responses and ways of working to support families to feel heard and understood equally. These ways of working are holistic, and respond to the whole person, not just to the impact of trauma.

People working with children, young people and families using trauma-informed practice prioritise safety, trust, collaboration, choice, and empowerment in their interactions with children and families.. They prioritise the building of relationships, listening to and acting on the person's voice and working to avoid re-traumatising whenever possible.

What is a trauma-informed system?

The system includes everyone who comes into contact with children, young people and families across the borough. As a system, we work to prevent trauma where possible, and to break cycles of intergenerational trauma. The system supports individuals, teams and organisations to use trauma-informed practice consistently and creatively. We look for opportunities to reduce or remove re-traumatisation by the system itself.



Features of Trauma-Informed Practice

The 8 features of trauma-informed practice were developed through two Theory of Change workshops in 2022 and refined by the design group based on insights from stakeholder interviews and deep listening with children and families. The features are adapted from work by the Early Intervention Foundation to define trauma-informed practice.

The 8 features set out activities and approaches that support trauma-informed practice in a wide range of organisations. They form the heart of our theory of change, outcomes framework and self-assessment tool.

1. Training
2. Managing secondary trauma
3. Collaborating within and across teams
4. Leadership and ethos
5. Screening for and recording trauma / ACEs
6. Relationships and trauma-informed care
7. Strengths-based practice
8. Safe environments

Trauma-informed practice

Key features

Training in trauma

People working with families are trained to identify and respond to trauma

Managing secondary trauma

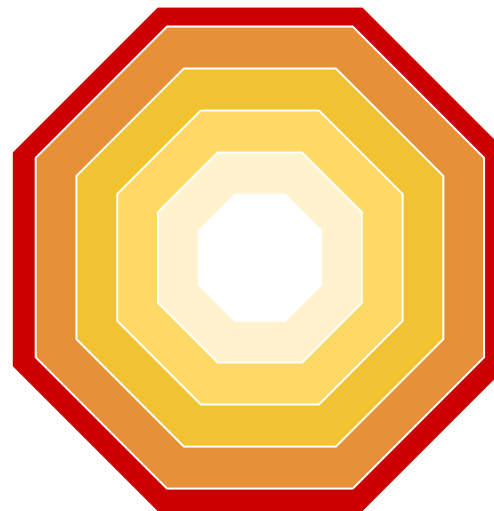
The service has strategies/ procedures to address secondary traumatic stress among our staff

Collaborating within and across teams

Procedures to improve collaboration within the team and with external agencies

Leadership and ethos

Leaders champion practice, the service uses trauma-informed language and processes



Screening for and recording trauma / ACEs

Asking about trauma as part of admission/assessment and recording experience on case file

Building relationships

Support through relationships with practitioners who understand their trauma / ACEs and work with them to become more resilient

Strengths-based support

Empowered to make choices about the support they receive, and to build on their strengths.

Safe environments

Services are provided in trauma-informed environments, where people feel safe and welcomed



Rachel's Story

These stories are based on real life experiences.
Names and photos have been changed.

Rachel is 11 years old and is a cared for child. She came into care because she experienced domestic abuse at home. Rachel remembers the time when she entered care as traumatic, and in the first few years she moved placements, which further unsettled her.

She liked that she was able to stay at the same school when she became cared for because this meant she could continue to see friends and teachers who supported her. Now she is settled with a foster carer in a long-term placement and has her own room, where she feels safe.

Both her parents now have new partners and children, and she doesn't get to see them very often. Sometimes she doesn't get to see her parents when she is meant to because her carer or social worker can't take her to see them. Rachel finds it upsetting when this happens, or when her social worker changes often.

Rachel likes talking to people, and tells her story openly. She thrives when she has a supportive adult who listens and believes her, and helps her to understand friendships with her peers. Rachel likes creative activities and is supported to attend Rainbows, and the Place2Be, where the therapeutic activities have helped her express herself and understand her life story. Her school has recognised that she needs extra learning support, and she receives additional tutoring to help her make progress. Her pastoral care worker, who has supported her over a number of years, says that she has grown in confidence and is a happy, healthy child who likes to help her peers.



Mary's Story

These stories are based on real life experiences.
Names and photos have been changed.

Mary is 14 years old and lives in Rochdale. She is involved with social care and has mental health issues.

Mary has previously attended full-time education. However, since experiences of bullying, a traumatic incident and poor mental health in the aftermath, she has felt unable to access mainstream education. She was partly educated in a smaller unit, however felt the school premises to be overwhelming and triggering to her.

Mary has self-harmed and taken an overdose with intent. She is a victim of child sexual exploitation, however the details of what happened are not known. She also witnessed domestic abuse at home.

For Mary, school is not a safe place. She feels that 'all they care about is attendance. It doesn't matter what's going on as long as you turn up and your attendance makes them look good.' She shared: 'People have closed my case before because even when things are bad, if I say that something has gone well, then they think - oh everything is good - and they can't wait to close your case.'

Just because one thing is good doesn't mean that everything is ok.'

Mary is sick of people asking her the same questions over and over again. She appreciates knowing that a professional is available and when they are consistent in their response. She shared: 'Don't tell me - see me anytime- then send me away when I come to see you because I need help.'

She also likes humour - 'someone that I can have a laugh and be on the same level with. It makes horrible conversations easier.' 'Show that you actually care, it's not just because it's your job. And don't push me. I'll only do something if I want to.'

Mary feels that now - her support is "sound". 'I love the people I have working with me.' 'Some relationships are better because I don't only see them when they have to come. Like once a month. I don't like when people working with me just come and talk to my mum and not me. Then if they do, I think they only want to because they have to and don't really want to.'



Donny's Story

These stories are based on real life experiences.
Names and photos have been changed.

Donny is 35 years old and has lived in Rochdale all of his life. Donny grew up in a highly chaotic and dysfunctional home with very little consideration given to his feelings.

Donny witnessed physical and emotional abuse as a child. He was neglected by both of his parents and experienced high levels of trauma at the hands of his parents. His parents fought incessantly which meant that he moved from home to home, he can't remember ever having a stable house or in full time education. Eventually around the age of 10, Donny was removed from his parents' care due to being physically assaulted and was placed in foster care.

Donny didn't understand what a healthy relationship looked or felt like. He embarked upon a domestic abuse relationship with his girlfriend at the age of 18 and soon after had 3 children. Due to the domestic abuse and significant issues around emotional and physical neglect, all 3 children were removed from Donny and his girlfriend's care, they were removed around 10 years ago. They have one child placed with family whom they have unsupervised contact with. Donny didn't trust the social workers because of his childhood experience of being removed from his family and was afraid when they came to his home. He did not talk to them about his own experience of trauma and felt judged from the start.

Donny and his girlfriend remained together despite their children being removed from their care. They later married and supported each other through poor mental health, Donny eventually started working and they built a stable home together. Donny and his wife became pregnant again in 2022.

The Nest team have been involved working with the parents to support them to keep their 4th child in their care. They have worked incredibly hard and made lots of changes over the years to their lifestyle to create a safe home for their baby. Donny identified the support he needed around his mental health and has worked very hard to overcome and work through his difficulties. The Nest team worked with the family to complete a pre birth assessment and offered intensive support around parenting and healthy relationship work. The Nest worker read Donny's childhood files and talked to him about his experience and recognised the pain it caused him. He feels that the Nest team have listened to him and his partner and removed obstacles around his mental health, understanding what a healthy relationship looks like and preparing them for the arrival of their baby.

Their baby was born last year and remains with Donny and his wife. The Nest team offer of support is up to the baby is 5 years old.

Reflecting on the impact of trauma

What can we learn upon reflection on these real life stories and experiences?

- How is trauma showing up across these stories?
- What are the similarities and differences between the stories? And what kind of response do each of these call for?
- Where would we have been able to intervene early on? What might have changed for these people and their lives?
- Which of the stories most affected you? And which one would you find most difficult to work with and why?

Hearing children, young people's and families' perspectives on trauma and the services they've received can help to strengthen our practice.

You can use the **Deep Listening Toolkit** attached to this package to engage in a process of deep listening with those accessing your support or services.

Opportunities for trauma-informed interventions

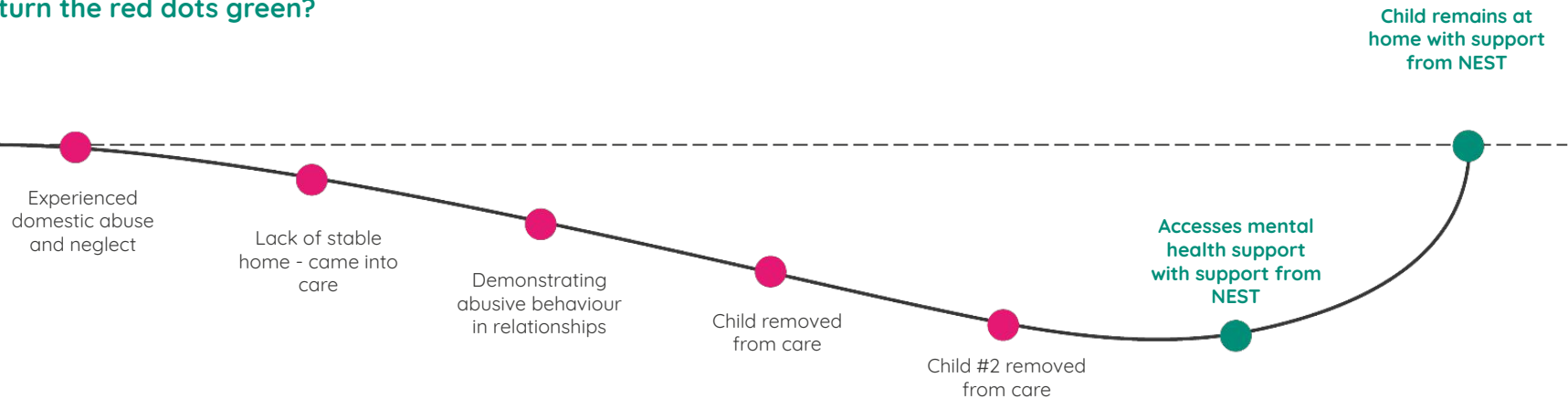
Here, we are illustrating opportunities for early-intervention, trauma-informed care which could have impacted people's life trajectories.

What's needed to turn the red dots green?



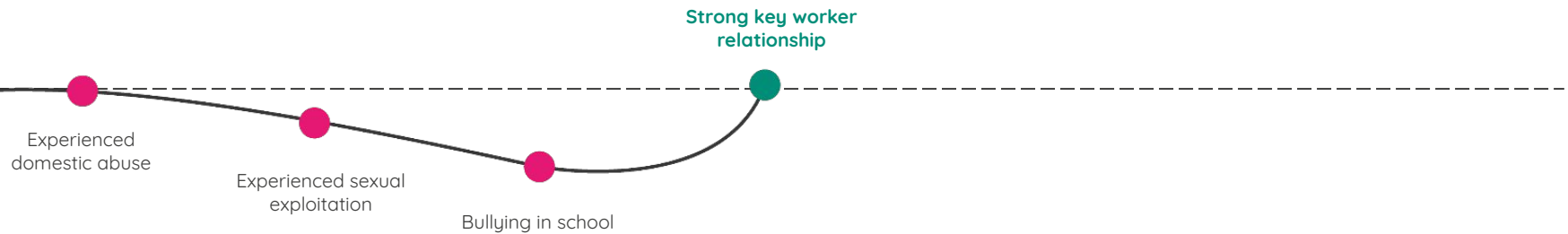
Donny

What if Donny had received trauma-informed support when he came into care?

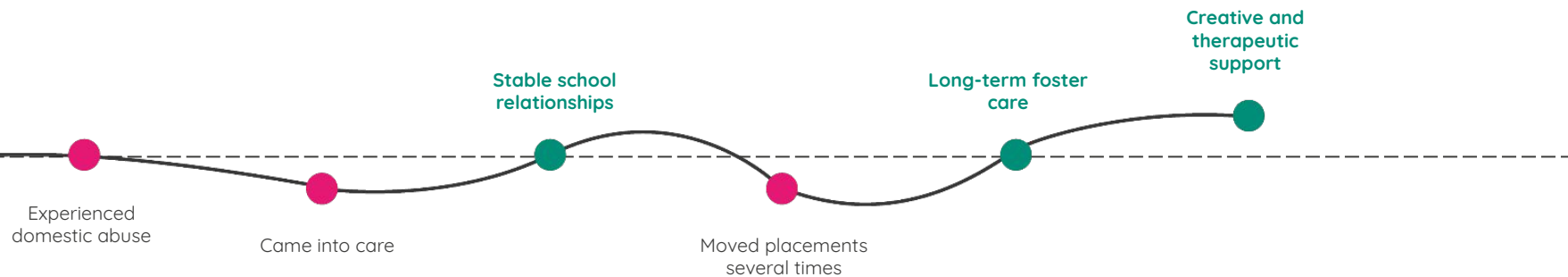


Mary

What if Mary had been provided with trusted support in her school early on?



Rachel



Leadership Pledge & Commitments

We know that leadership and ethos are central to embedding trauma-informed practice. The Trauma-Informed Practice Steering Group in Rochdale have made a number of central commitments to growing and developing this work.

We suggest for the following pledges to be adopted by senior leaders across Rochdale Borough Council, VCSE and public and private organisations and to help us realise the vision of a trauma-informed Rochdale.

As a leader in trauma-informed borough I will:

- Attend training on trauma informed practice
- Talk regularly with my staff, partners and colleagues about the importance of trauma-informed practice
- Support the trauma-informed champions in my organisation or sector to have the time and authority to promote trauma-informed practice
- Listen to staff, partners and colleagues about what they need to become more trauma-informed and commit resources to do so wherever possible
- Ensure that trauma is considered throughout my organisation, including in policies, strategies and decisions about resources
- Make arrangements to listen to the lived experience of children, families and communities to understand the impact of trauma on them, and what they need from us to feel safe and secure.
- Bring opportunities and resources relevant to the system-wide activity to support trauma-informed practice to the Steering Group
- Share learning and listen to the learning of other sectors to better embed trauma-informed practice in my organisation and sector